

95 SE 1st Street • Linton, IN 47441 • P: 812-847-7802 • F: 812-847-4695 www.lintonpl.lib.in.us

PROGRAM ROOM REQUEST FORM

Group Requesting Use of Room:	A REQUEST FORM Phone:
	()
Contact Person:	Date Requested: (one form must be filled out for each date)
Phone:	
Address:	Time: From to
	Expected Attendance:
Requested Equipment: (Please check items needed an	d provide numbers as necessary)
Each group is responsible for arranging the space the v stacked and tables should be folded down and placed at Tables (#) Chairs (#) Laptop Projector Projection Screen Podium Dry Erase Board Supplies AFTER HOURS USE: A person must be designated to closed. Please see the front desk for closing instruction Name:	gainst the wall. Any messes should be cleaned up. to be in charge when a group leaves after the library has s.
Address:	
I have read and agree to abide by the Program Room	n Use Policies.
X	Date:
Signature of Contact Person	
any personal injury sustained by the undersigned or by ar undersigned's reservation and use of the Program Room, re acts or omissions of the Linton Public Library, its board of tr any other person or entity. The undersigned further agrees board of trustees, and employees for any damage to or loss of	Linton Public Library, its board of trustees, and employees for any person using or present in the Program Room during the gardless of whether that injury arises out of the unintentional sustees, or employees, or the intentional or unintentional acts of to hold harmless and indemnify the Linton Public Library, its f the personal property of the undersigned or any damage to or in the Program Room during the undersigned's reservation and

Date: _____

Library Approval: _____