

# SHEPPARD MEMORIAL LIBRARY MEETING ROOM CONTRACT

(Revised September 16, 2010)

CONTACT

PERSON: \_\_\_\_\_

ADDRESS:

\_\_\_\_\_

PHONE:

\_\_\_\_\_

TODAY'S DATE:

\_\_\_\_\_

LIBRARY STAFF MEMBER'S SIGNATURE: \_\_\_\_\_

I have read the policy concerning use of the meeting rooms. I understand that I will be held responsible for the conduct of the participants at the meeting and for the expense of any damages to library property, including any cleaning expenses, resulting from the use of the meeting rooms by my group.

I understand that meetings must occur during normal library operating hours and that I will not be admitted into the library building before the library opens.

I agree to notify the library staff immediately if the meeting(s) will not be held as scheduled.

I understand and agree to these terms.

GROUP REPRESENTATIVE'S SIGNATURE: \_\_\_\_\_

# DATE TIME ROOM (A, B, GROUP)

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

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11 \_\_\_\_\_

12 \_\_\_\_\_

NOTE: NO ASSIGNMENTS PAST THIS POINT UNTIL THE 12<sup>TH</sup> MEETING IS DONE