



Meeting Room Application

The Meeting Room is available between the hours of 9:15 am and 8:45 pm Monday through Thursday, and between the hours of 9:15 am and 4:15 pm Friday and Saturday. The meeting room is not available on Sunday.

For free use as a local non-profit, the application must be filled out by a resident of Webster Groves who is an authorized representative of the organization asking to use the room, and who will attend the scheduled event. Any exceptions *must be approved* by the Library Director.

For use as a for-profit group, the application must be filled out by a representative of the group, at least 21 years of age, who will take legal responsibility for that group's use of the room.

Organization: _____ Non-profit? YES NO		
Contact Person: _____		
Name		Title
Address of organization or contact person:		

Street Address		

City	State	Zip Code
Telephone Number (Day): _____ Telephone Number (Night) _____		

Date and Day of Reservation: _____		
Time of Reservation: From _____ am/pm To _____ am/pm		
Time of Meeting: From _____ am/pm To _____ am/pm		
Purpose/Function of Meeting: _____		
Will refreshments be served? <input type="checkbox"/> YES <input type="checkbox"/> NO		

The undersigned warrants that he or she is an authorized representative of the Organization with authority to execute this application and bind the Organization thereto, and has read the Meeting Room Policy, and hereby agrees to abide by it. The Organization agrees to hold harmless the Library, its Board of Trustees and staff, from and against any and all liabilities, losses, damages, costs and expenses of any kind which may be suffered by, incurred by or threatened against the Library, its Board of Trustees or its staff on account of, or resulting from injury, or claim of injury, to person or property arising out of the Organization's use of the Library. The Organization and the undersigned person designated below also agree to accept responsibility and liability for any and all damages which may arise out of the Organization's use of the Library, including but not limited to damaged or missing equipment and fixtures, and any and all structural, interior or exterior damage to the Library.

Name of Organization: _____
Representative's Printed Name and Title: _____
Signature: _____ Date: _____

OFFICE USE ONLY:

Approved Denied Reason: _____

Staff Signature: _____ Date: _____

Reservation entered in Meeting Room calendar: Date: _____

For Profit Group Fees:

Room use fee: \$50.00
Refreshments served fee: \$20.00

TOTAL: _____

50% deposit: _____

Deposit paid: _____staff initial (make a copy of this page as receipt)

Balance paid: _____staff initial (make a copy of this page as receipt)

