

FAX TO: _____
ATTN: _____

MEETING ROOM REQUEST FORM

Please sign and return to:

Marysville Public Library
231 South Plum Street
Marysville Ohio 43040
937/642-1876 x23
Fax 937/642-3457
Attn: Arleen Leslie
aleslie@marysvillelib.org

I HAVE READ THE MEETING ROOM POLICY AND AGREE TO ABIDE BY ITS TERMS.

Group Representative: _____

Address: _____

Phone: _____ Email: _____

Name of Group: _____

Date Requested: _____ Room Requested: ____ A (capacity 143) ____ B (capacity 49)

Time Requested: From _____ To _____
(Include time for setup and breakdown)

Purpose for use of Meeting
Room: _____

Expected Attendance Number _____

Preferred Table and/or Chair arrangement _____

I will need the following AV equipment ____ LCD Projector ____ DVD/VCR ____ Overhead Projector

Signature _____

Date _____

The Marysville Public Library does not charge a fee for the use of the meeting room. If you would like to make a donation to the Library, it will be greatly appreciated.

Waiver for Private Equipment Usage

I, _____ hereby release
the Marysville Public Library from all responsibility for any possible damages resulting from any type of
fluctuation in the electrical power supplied for privately owned equipment usage in the meeting room.

I have read the above waiver and by signing below concur with the terms stated.

Signed _____ Date _____

Follow-Up
comments: _____