New Carlisle - Olive Township Public Library
408 S. Bray St, P.O. Box Q
New Carlisle, IN 46552
(574) 654-3046 voice (574) 654-8260 fax
Email: questions@ncpl.lib.in.us

APPLICATION FOR MEETING/CONFERENCE ROOM USAGE

Date Submitted: _____

Room: Main Meeting Room (Capacity 127) _____ Conference Room (Capacity 16)_____

Study Room A (Capacity 4)_____ Study Room B (Capacity 3)_____

Activity Room (Capacity 47) _____

Date Needed: _____ Start Time: _____/End Time:_____
Is access to room needed previous to start time? (Please list amount of time needed)_____
How much time is required for take down?_____

Group/Company:_____

Name of Applicant:_____

Address:_____

City/State/Zip Code:_____

Contact Person (required): _____

Phone:_____
(office)(home)(fax)

Email address:_____

Expected attendance:_____ (Audience) Adult:_____Children_____Family_____

Purpose of Meeting: _____

Food or beverages will be served: ? Yes ? No
Admission limited to members of organization: ? Yes ? No
Event will be open to public: ? Yes ? No
Media will be invited: ? Yes ? No

Equipment needed: _____ Podium (Main only) _____ Microphone _____ Television _____
VCR/DVD_____ Slide projector _____Overhead projector _____Video Projector _____
Laptop_____ Wireless network connection_____ Cabled network connection_____
Piano_____ Whiteboard supplies_____

Room Set up: ___ Table(s), how many? _____ ? Chairs, how many? _____ (please note that the library staff will not set the room up for you)

Liability Waiver/Indemnification Agreement

All users are required to return room to a clean state previous to departing. This includes vacuuming the carpet, cleaning the counters/sink and taking out the trash (dumpster is behind building).

Users who do not clean-up room after usage will be charged a considerable cleaning fee.

I have received, read, understood and agree to comply with the New Carlisle - Olive Township Public Library's Guidelines for Use of Meeting Rooms and Facilities.

I hereby fully release and discharge the New Carlisle - Olive Township Public Library, its officers, agents and employees from any and all claims from injuries, including death, damages or loss, which may arise or which may be alleged to have arisen out of, or in connection with, the above meeting(s) in the New Carlisle - Olive Township Public Library.

_____ Date:_____
Signature of Applicant

_____ Date: _____
Signature of Contact Person (if different than Applicant)

_____ Date: _____
Approved

Library Use Only:

*Application Received by:*_____ Date:_____

Confirmed (date)_____

Was applicant given copy of meeting room policies?_____

Room Inspection (date)_____ By:_____

Please note problems, if any, below: