

Facility Use Request Form

Name of Organization: _____

Name of Responsible Party: _____

Address: _____

Telephone: _____

E-mail address: _____

I hereby release and discharge the Crawford County Library System, its agents, employees, and representatives, from all claims, demands, actions, judgments, and executions that I or my organization may have against the Crawford County Library System arising out of the use or attempted use of a facility operated by the Crawford County Library System.

I have read the Crawford County Library System Meeting Room Policy and understand all of its terms.

Signed this _____ day of _____, 20____.

Signature

Event Information:

Type of Event: _____

One time event:

Date of event: _____

Start time: _____ End time: _____

Monthly meeting:

Day of the month: _____

Start time: _____ End time: _____

Additional comments: ** Please send a copy of your advertising prior to publication.

