

# IDA GROVE PUBLIC LIBRARY

## Heritage Room Use Application

Group Name: \_\_\_\_\_

Representative Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Are you:      nonprofit club/organization                       Government agency

Purpose of Meeting: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Will there be a charge for materials associated with the program?            Yes            No

<b>Dates Requested:</b>	<b>Starting Time:</b>	<b>Ending Time:</b>	<b>Frequency:</b> <small><i>week/month/quarter/year</i></small>

I have read the Heritage Room Policy and agree to comply with all policies and guidelines as outlined. I agree to be responsible to the Ida Grove Public Library for the use and care of library property and facilities. I understand my responsibilities include:

- *Paying for any damage to library property and equipment in connection with the use of the Heritage Room*
- *Enforcing the meeting room and behavior policies*
- *Informing a library staff member that the meeting has ended and returning the key (if applicable)*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_