

**Salem Public Library
Meeting Room Application**

Name of Registrant: _____

Address: _____

Phone Number: _____

Name of Organization: _____

Address of Organization: _____

Date & Hours of Meeting: _____

Expected Number of Attendees: _____

Purpose & Brief Outline of Meeting: _____

Names & Phone Numbers of Presenters: _____

I have read the Salem Public Library Meeting Room Policy, and I agree to abide by its rules and regulations and to be responsible for damages to the Library equipment, furniture and/or facilities during my scheduled use of the room. I agree to indemnify and hold harmless the City and all its officers, employees, and agents from any and all claims, demands, suits, causes of action or judgments, any person may have as a result of any damages suffered while utilizing the meeting room.

Signed: _____

Received & scheduled by Library Staff Member: _____ Date: _____