Forest-Jackson Public Library Meeting Room Application

After completion, return by one of the following:

- Drop off at the Circulation Desk
- Scan & Email to Forestlibrarydirector@gmail.com
- I will email confirmation upon receipt of application.



Organization/Name: Purpose of Meeting:			
Time of Meeting:	from	_to	(please include clean up and teardown time)
Room Capacity: 45	*		
free and harmless from of every kind and changligent or otherwice applicant agrees to post the aforementioned Policy and accept results.	om and against any caracter arising out of se, and its employed ay all damages, costed acts or omissions sponsibility for the	and all losses, penal of or in connection es, officers, agents, sts and expenses of s. I have read the Fo area.	d the library, its officers, employees and agents, alties, damages, settlements, costs or liabilities with any acts or omission of the applicant, guests or independent contractors. The the library in defending any action arising out orest-Jackson Public Library Meeting Room esponsibility for facility and conduct of group:
Name:			
Signed:			Date:
Address	City	/State	Zip Code
Telephone No.			,
Reservation Taken F	rvation Taken By Date Received		

NOTES: Room is not booked until application is filled out and if applicable, fee plus deposit is paid. *Capacity varies depending on set up.