

# Mathews Memorial Library Conference Room Reservation

Name of Group or Individual: \_\_\_\_\_

Individual Responsible for Group: \_\_\_\_\_

Meeting Date: \_\_\_\_\_ Time: \_\_\_\_\_

Non Profit       For Profit

Purpose of meeting:

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As an authorized representative of the entity named above, I have read and agree to comply with the conditions for the use of the conference room (JWC or Heritage). I accept responsibility for any damage to library property and will report such damage to the staff. I shall be responsible for assuring that the room is left in the same condition in which it was found.

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

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

The library is not responsible for any injuries incurred during the use of the meeting room or for any lost or stolen property.