

Mathews Memorial Library
John Warren Cooke Conference Room Reservation

Name of Group: _____

Individual Responsible for Group: _____

Meeting Date: _____ Time: _____

Non Profit For Profit

Purpose of meeting:

As an authorized representative of the organization named above, I have read and agree to comply with the conditions for the use of the John Warren Cooke meeting room. 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.