

St. Ignace Public Library Community Room Reservation Form

Date of Event: _____

Time Requested: _____

Event Name: _____

Organization Name: _____

Expected Attendance: _____ Is There a Fee? Yes No

Name of Person Completing Application: _____

Phone: _____ Email: _____

Describe Purpose of Event:

Do You Require the Projector? Yes No

I have reviewed the St. Ignace Public Library Meeting Room Policy and agree to abide by all the policies. I accept responsibility for any damage that occurs to the facility or equipment as a result of this event. I understand that completing this application does not guarantee that the community room will be available. I agree to provide 24 hours notice of cancellation of the community room. Failure to do so may result in loss of community room privileges. A written or email confirmation will be given stating whether your application has been approved within 1-2 business days- publicizing of your event may not occur until that confirmation is given.

Signature: _____ Date: _____

Date Received: _____

Confirmed and Scheduled: _____

Date Confirmed Sent: _____

Is There a Room Charge: _____