
Meeting Room Request Form



Amos Memorial Public Library • 230 E. North St. • Sidney, Ohio 45365 • (937) 492-8354

Please read our meeting room policy before completing this form.

Date Needed: _____

Time: (from) _____ (to) _____

Please allow time to set up and clean up. Meeting room must be vacated five minutes prior to Library closing.

Purpose of Meeting: _____

Estimated Audience: _____ Will refreshments be served (circle one) YES NO

What type of refreshments will you have? _____

Room Set-up: ***You will be required to place the tables and chairs back to the original setup they were when you came in. (See diagram)***

What audio-visual equipment do you need? _____

Name of Contact Person: _____

Name of Organization/Business: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Telephone: _____

Driver's License: _____

Email Address: _____

May the library give your telephone number to anyone inquiring about your event? (circle one) YES NO

I, the undersigned, being eighteen years of age or older, have read the *Meeting Room Policy* and agree to comply. I agree to be responsible to the Amos Memorial Public Library for the use and care of the library property and facilities. I understand that I will be responsible for my event and any damages caused during it. I will also be responsible for any cleanup needed. In addition, I certify that I will ***NOT*** solicit patrons within the library.

Signature of Contact Person _____ Date _____

Please be aware when submitting this form by fax, email or in person, approval of this request is at the discretion of the library. The library reserves the right to refuse any request based on our policies or by decision of our Board of Trustees. You will be contacted by phone within one or two business days to confirm your request.
