

Norelius Community Library
1403 1st Ave South
Denison, IA 51442

Library Hours: Monday-Thursday 9 am to 8 pm
Friday & Saturday 9 am to 5 pm
Phone: 712-263-9355 FAX 712-263-8578

NORELIUS COMMUNITY LIBRARY MEETING ROOM CONTRACT

Name of Organization _____

Contact Person _____

Complete Address _____

Phone # Home _____ Work _____ Cell _____

Date(s) Requested _____

Time(s) Requested _____

Purpose of Meeting _____

Expected Attendance _____

Equipment needs:

_____ No Equipment

_____ TV /DVD

_____ Coffee Maker

_____ White Board

_____ PA System

Room Requested:

_____ Fireside

_____ Kitchenette

_____ Carnegie

_____ All 3 rooms

I have read the Carnegie Meeting Room Reservation Policy and Agreement on the reverse side and agree to comply with it.

Signature _____ Date _____

I (Individual and/or Group name), on behalf of [Check one]: ___(myself)___ (group), hereby acknowledge that I have read the Carnegie Meeting Room Reservation Policy and Agreement. I understand and agree to its terms and agree that if I, or the group for which I sign, damage the Carnegie Meeting Rooms, the fixtures or contents, I am responsible to pay actual damages caused and if I sign on behalf of a group, so is the group on whose behalf I sign. I also agree, to release, hold harmless and indemnify the Library, Library staff, Library Board of Trustees, City of Denison and its officers, officials, employees, agents and volunteers, from and against all claims, damages, losses and expenses arising out of the use of the Carnegie Meeting Rooms of any kind or nature whatsoever.

Signature

Date

Phone

