Norelius Community Library 1403 1at 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		<del>,</del>
Contact F	Person		
Complete	e Address		
Phone #	Home	Work	Cell
Date(s) R	Requested		
Time(s) F	Requested		
Purpose	of Meeting		
Expected	Attendance		
	nt needs: _No Equipment _TV /DVD _Coffee Maker		White Board PA System
Room Re			Carnegie All 3 rooms
	ad the Carnegie Meeting ide and agree to comply		vation Policy and Agreement on the
Signature	)	Date	
hereby ac and Agre which I si responsib group on Library, L employee	cknowledge that I have rement. I understand and gn, damage the Carnegole to pay actual damage whose behalf I sign. I allibrary staff, Library Boares, agents and volunteers arising out of the use o	ead the Carned agree to its to the Meeting Rotes caused and so agree, to red of Trustees and agree and agrees and agree and agree and agree and agree and agree and agree agree.	Check one]:(myself) (group), egie Meeting Room Reservation Policy terms and agree that if I, or the group for tooms, the fixtures or contents, I am d if I sign on behalf of a group, so is the elease, hold harmless and indemnify the policy of Denison and its officers, officials, gainst all claims, damages, losses and the Meeting Rooms of any kind or nature
Signature	)	Date	Phone

## FOR GROUPS WITH FOOD AND DRINK

I have given \$50.00 TO Norelius Community Library as damage deposit in exchange permission for me and/or the group I represent to have food and drink in the Carnegie Meeting Room spaces. If, after the meeting, Library staff discovers damages that the staff believes to be caused by me or the group I represent, the Library may retain my \$50.00 deposit to be put toward repair or replacement of damaged items and that I ar responsible for any remaining actual damages.				
Signature	Date	Phone		
 Staff Signature	 Date			