

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

*Form must be signed in person at library*

**FOR GROUPS WITH FOOD AND DRINK**

I have given \$50.00 TO Norelius Community Library as damage deposit in exchange for 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 am responsible for any remaining actual damages.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date

*Form must be signed in person at library*

Approved July 23, 2024