



LIBRARY MEETING ROOM APPLICATION

Primary Contact _____ Today's date _____

Organization _____ Phone _____

Educational Cultural Civic Recreational

Address _____ Email Address _____

Cuyahoga Falls Library Card Number _____

Date of Event _____ Start Time _____ End Time _____ Number of attendees _____

Meeting Topic _____

I have read the Meeting Room Policy and agree to comply with the terms of use. I understand that my organization assumes responsibility for any damage to the room and contents. It is understood that the library has no obligation or responsibility for damage, injury, loss, or disappearance of property or to persons for any reason in connection with the use of the premises. I also understand that smoking or use of tobacco is prohibited on library property.

Signature of Primary Contact _____ **Date** _____

Please note: When not in use by the library, the meeting rooms are available 9:15 am to 8:45 pm Monday through Thursday, 9:15 am to 4:45 pm Friday & Saturday. Meeting room reservations are not confirmed until this completed form has been submitted and approved by designated library personnel. Groups may use meeting rooms one time per month. Reservations may be made no more than three months in advance. Setup, tear down, and clean up are each group's responsibility.

Please mail, email or fax completed applications.

Mail: Cuyahoga Falls Library-Administration, 2015 Third Street, Cuyahoga Falls, OH 44221

Email: meetings@cuyahogafallslibrary.org Fax: 330/928-2535

FOR LIBRARY USE ONLY

Application approved, Confirmation #: _____ Application denied, reason for denial: _____

Signed _____ Date: _____