

Kearney Public Library Meeting Room Application

Organization name _____

Mailing address _____

City _____ State _____ Zip Code _____

Contact person _____

Phone _____ Email _____

Check-In Representative _____

Phone _____ Email _____

Meeting topic _____

Expected number of attendees _____

Single use: Meeting date _____

Start time* _____ End time* _____

Multiple uses: Meeting date(s) _____

Start time* _____ End time* _____

* Meeting Room Hours: Mon – Thurs: 9am – 8:45pm, Fri – Sat: 9am – 4:45pm, Sun: 1:30pm – 4:45pm

As an authorized adult representative of the above organization, I hereby apply for the use of the meeting room as indicated above. I have read the policies and rules governing the use of the meeting room facilities and agree that they will be carefully observed. If a meeting is cancelled, I agree to notify the library as far in advance as possible.

Signed _____ Date _____

Please note: Meeting room reservations are not confirmed until this completed form has been reviewed and approved by designated library personnel. A deposit of \$20.00 must be made prior to the meeting and will be refunded if the room and equipment are left in good condition.

Appeal process: Groups or individuals who are denied use of a library meeting room may appeal in writing to the Library Director. Mailing address: Kearney Public Library, Library Director's Office, 2020 1st Avenue, Kearney, NE 68847 Email address: mwilliams@kearneygov.org Fax: 308.233.3291

FOR LIBRARY USE ONLY

Application approved

Application denied

Signed _____

Date _____

Date of Event

Contact's Signature _____

Deposit Paid _____ cash check other
(please circle one)

Deposit Returned Yes No Contact's Initials _____
Staff Initials _____