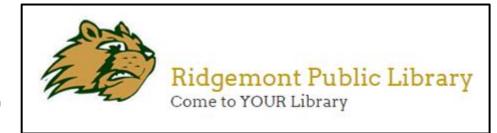
MEETING ROOM APPLICATION

109 S. Main St.

Ridgeway, Ohio 43345

Available: Mon. and Wed. 10:00am - 6:00pm



After completion, return to the front desk or

FAX: 937-363-3066

Scan & Email: khanson@ridgemont.lib.oh.us

*we will email confirmation upon receipt of your application.

Organization/Name:					
Purpose of Meeting:					
Date of meeting: from	to	to(plea		ase include clean up and teardown time)	
Room capacity: Plasti	c Tables Chairs	·			
The applicant agrees to pro- harmless from and against a employees, officers, agents, expenses of the library in de of Library Meeting Room Po Type or print full name of p	any and all losses, pen guests, or independe efending any action ar elicy and accept respor	alties, damages, settlement contractors. The applications out of the aforemensibility for the area.	nents, costs or liabilitie licant agrees to pay all entioned acts or omissi	s of every kind and its damages, costs and ons. I have read the <i>Use</i>	
Name:					
Signed:	Date:				
Address		City/State		Zip Code	
Telephone # (Daytime)	(Evening)	(Cell)	(FAX)		
Email address:					
Reservation Taken By		Payment Amt. /Date Received			

Notes:

- Room is not booked until application is filled out; returned, with payment and oral or written confirmation is given.
- Capacity varies depending on set up. See Meeting Room Policy for more details.