

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 _____ (please include clean up and teardown time)

Room capacity: ____ Plastic Tables ____ Chairs ____.

The applicant agrees to protect, defend, indemnify and hold the library, its officers, employees and agents, free and harmless from and against any and all losses, penalties, damages, settlements, costs or liabilities of every kind and its employees, officers, agents, guests, or independent contractors. The applicant agrees to pay all damages, costs and expenses of the library in defending any action arising out of the aforementioned acts or omissions. I have read the *Use of Library Meeting Room Policy* and accept responsibility for the area.

Type or print full name of person agreeing to assume full responsibility for the facility and conduct of group:

Name: _____

Signed: _____ Date: _____

Address	City/State	Zip Code
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Telephone # (Daytime)	(Evening)	(Cell)	(FAX)
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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.