

DANVILLE-CENTER TOWNSHIP PUBLIC LIBRARY

MEETING ROOM REQUEST

*Please return your completed form to [meetingrooms@dplindiana.org](mailto:meetingrooms@dplindiana.org) or fax to 317-745-0756.*

Name of Group: \_\_\_\_\_

Date Requested for Meeting: \_\_\_\_\_; Room Requested \_\_\_\_\_

Meeting start time: \_\_\_\_\_ Meeting end time: \_\_\_\_\_

Number of attendees expected: \_\_\_\_\_

Contact person: \_\_\_\_\_ Contact phone # \_\_\_\_\_

Danville Public Library Card number \_\_\_\_\_

Address: \_\_\_\_\_

Email \_\_\_\_\_

Briefly describe the nature of the proposed meeting/activity: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Groups using the library's meeting rooms agree to indemnify and hold harmless the Danville-Center Township Public Library, its agents and representatives, from any and all suits, actions, claims or demands of any character or nature arising out of or brought on account of any injuries or damages sustained by any person as a consequence or result of the use of the library facility, its meeting rooms, furnishings or equipment.

*I have read the above information and agree to abide by the library's meeting room policy.*

Signature \_\_\_\_\_ Date: \_\_\_\_\_

-----

Approved: \_\_\_\_\_ Date: \_\_\_\_\_

Room Assigned: \_\_\_\_\_ Deposit Amount Paid: \_\_\_\_\_

Special Instructions: \_\_\_\_\_