Pickford Community Library
137 E. Main Street
Pickford, MI 49774
906-647-1288 Phone
ehyde@superiordistrictlibrary.org

Community Room Use Application Form

Date of Meeting/Event: _____ Event Time: _____

Contact Name: _____ Set-up time: _____

Address: _____

Organization: _____

Telephone (required) and Fax (optional): _____

E-mail: _____ Library card number: _____

Purpose of Meeting: _____

Is the meeting open to the public? Y / N Rental charge [$25/hour]: _____

Number Attending: _____

Number of chairs / tables needed: _____

Any other requests or requirements? Additional notes? _____

_____

The undersigned does hereby agree to hold harmless and indemnify Pickford Community Library from any and all liability, loss, damages, costs, or expenses which are sustained, incurred, or required arising out of the actions of the undersigned in the course of this/these event(s).

Signature: _____

Date: _____

Approved By: Date:

_____ _____