DRIFTWOOD PUBLIC LIBRARY APPLICATION TO USE A MEETING ROOM

Library Hours: Monday – Saturday: 10 am – 6 pm; Sunday: 1 – 5 pm

The Community Room seats about 40 people

	Date of Application:
Contact/Organizer's Name:_	
Group Being Represented:_	
Mailing Address:	
Phone:	Email:
Date of Event:	Times (including set-up and clean-up):
Est. # of Attendees:	<u> </u>
What is the purpose of the r	neeting, and what activities will take place?
Will you require assistance v	vith technology? Yes: No:
Will refreshments other than	n water be served at the meeting? (If yes , a \$50 deposit will be required):
Yes: No:	
Will your meeting be open to the time of application): Ye	o the public? (If no , a private room-use fee of \$10/hour will be required at s: No:
	I to pay in order to attend the meeting? (If yes , a Commercial Room-use ired at the time of application): Yes: No:
personally responsible for the report furnishings that may occur during liable for injuries to person or prop harmless the Driftwood Public Libr	ith the room rules set forth by the Driftwood Public Library. I further agree that I am ort of damage to equipment and facilities and for the replacement of stolen equipment or my group's occupation of the room. I agree that Driftwood Public Library will not be held berty that may result from the activities described above. I further agree to defend and hold ary and City of Lincoln City, their agents, employees, volunteers, and representatives from from injury, loss or damage as the result of this application and my use and my group's use
Applicant Signature:	
Date:	

All completed and signed applications must be returned to:

Ken Hobson, Driftwood Public Library 801 SW HWY 101, suite 201, Lincoln City, OR 97367 Phone: 541-996-1242; Email: librarian@lincolncity.org