

Applicant's Last Name _____

Patron BC# _____

↓ STAFF USE ONLY ↓
Not for Profit:
For Profit:
Date Approved/Approved by:

**SEMINOLE COUNTY PUBLIC LIBRARY SYSTEM
APPLICATION FOR USE OF MEETING ROOM**

Date of Application:

Name of Group:

Primary Purpose of Group and its Functions:

Date of Meeting:

Time of Meeting (Beginning and Ending Times:

Number in Group (80 Maximum)

REPRESENTATIVE MAKING REQUEST:

Name:

Title/Position:

Address:

City/State/Zip

Home Phone:

Business Phone:

The undersigned, on behalf of the above organization, acknowledges that he or she has read and agrees to comply with the rules governing public use of a Seminole County Public Library System meeting room. The applicant accepts full responsibility for any damages to the library's facilities or equipment during such use. The applicant further agrees to hold harmless, release and indemnify, Seminole County, its Commissioners, employees, officers and agents from any and all claims, losses, damages, or lawsuits for damages, arising in any way whatsoever from, allegedly arising from, or related to the use of the library's facility hereunder by the organization.

Name of Applicant

Date

PLEASE NOTE: All requests for refunds must be submitted in writing to the Library Services Division Manager for review and processing.