

MEETING ROOM USE AGREEMENT

I have read and I accept the rules and regulations of the Flathead County Library System meeting room policy. I understand that I must give a phone number and/or email address that the Library may give out to those persons requesting more information on my meeting. I understand that failure to comply with the FCLS meeting room rules will result in withdrawal of room reservation privileges for my group.

GROUP NAME: _____

DATES REQUESTED: _____

MEETING START TIME: _____ END TIME: _____

CONTACT PERSON (please print): _____

CONTACT PHONE NUMBER: _____

CONTACT EMAIL ADDRESS: _____

CONTACT MAILING ADDRESS: _____

SIGNATURE

DATE

For Library Use Only

Accepted by: _____

Date: _____