

# Norwin Public Library

## Meeting Room Use Reservation Form

Name of Organization:	
Contact:	
Phone:	
Email:	
Date:	
Time:	
Nature of the Meeting or Event:	
Anticipated Number of Attendees:	
Certificate of Insurance Provided:	

I, \_\_\_\_\_, have received, read and understand the Norwin Public Library's Meeting Room Policy.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

I, \_\_\_\_\_, agree to adhere to the Norwin Public Library's Meeting Room Policy.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date