IDA GROVE PUBLIC LIBRARY Heritage Room Use Application

Group Name:				
Representative Name:				
Address:	City:	State: _		Zip:
Telephone:	Fax:			
Email:				
you: D nonprofit club/organization D Government agency				
Purpose of Meeting:				
Will there be a charge for materials associated with the program?		□ Yes		No
Are you requesting use of the room on a recurring your group or organization, i.e. monthly?	□ Yes		No	

*If yes, please review the following statement:

I have read the Heritage Room policy in its entirety. I understand that the Heritage Room is a community space open to all, not a dedicated meeting place. I acknowledge that recurring reservations are not permitted. I recognize that it is my responsibility to contact the library each month to request use of the room for the desired date. I also understand that reservations are made on a first-come, first-served basis to ensure equal access to library resources and spaces.

I agree to comply with all policies and guidelines as outlined. I agree to be responsible to the Ida Grove Public Library for the use and care of library property and facilities. I understand my responsibilities include:

- *Removing any trash or debris from library premises and returning furniture to its proper place at the conclusion of the meeting*
- Paying for any damage to library property and equipment in connection with the use of the Heritage Room
- Enforcing the meeting room and library's behavior policies
- Keeping group contact information updated with the library, including filing a new application yearly
- Informing a library staff member that the meeting has ended and returning the key (if applicable)

Signature: _____