



40 NORTH MAIN STREET  
NILES, OH 44446

## McKINLEY MEMORIAL LIBRARY

www.mcklib.org

PHONE (330) 652-1704  
FAX (330) 652-5788

### Application for Meeting Room Request

Name of Organization \_\_\_\_\_

Applicant Name \_\_\_\_\_

Applicant Title/Position \_\_\_\_\_

Applicant Library Card # \_\_\_\_\_

Phone # \_\_\_\_\_ Email \_\_\_\_\_

Meeting Activity \_\_\_\_\_

Expected # of Attendees \_\_\_\_\_

Equipment Needed:

Tables -- Quantity \_\_\_\_\_

Projector/Screen

Chairs -- Quantity \_\_\_\_\_

Podium

Other \_\_\_\_\_

When do you need the meeting room, and for how long?

Date(s) Needed \_\_\_\_\_

Time Period FROM \_\_\_\_\_ AM/PM TO \_\_\_\_\_ AM/PM Or Duration (HOURS:MINUTES) \_\_\_\_\_

The undersigned hereby states that he/she has received a written copy of the *Meeting Room Policy* and hereby personally, and on behalf of the said organization, if any, assumes total and full responsibility for the use of said room(s) and the consequences thereof, including but not limited to any fees for damage to McKinley Memorial Library (and/or McKinley Birthplace Home) facilities and/or equipment and/or personal injuries related directly or indirectly to or incurred during use of said room(s).

**I affirm that the above organization is a nonprofit civic, cultural, or educational community group meeting for a nonprofit purpose.**

\_\_\_\_\_  
Organization Contact Signature

\_\_\_\_\_  
Date

**Application Approved:** Yes \_\_\_\_\_ No \_\_\_\_\_ **Approval expires one year from the date below.**

\_\_\_\_\_  
Signature of McKinley Memorial Library Director or Deputy Director

\_\_\_\_\_  
Date