

**LIBRARY CENTER FOR COMMUNITY PROGRAMS  
ROOM USE APPLICATION**  
(Please read the LCCP Use Policy before completing this form)

**Date of Application:** \_\_\_\_\_

**Name of Group:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Name of person(s) supervising event (if different than above):** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Date(s) of the event:** \_\_\_\_\_ **Time Needed:** \_\_\_\_\_

**Type of Activity:** \_\_\_\_\_

**Equipment Needed:**

Projector :  Yes  No      Computer:  Yes  No      DVD Player:  Yes  No

Kitchen Use (\$20.00 fee):  Yes  No

**Expected Attendance: Adults** \_\_\_\_\_ **Children** \_\_\_\_\_

We have read and agree to abide by the Cheboygan Area Public Library's policies and procedures governing the use of the Library's facilities. We also agree to defend and hold harmless and indemnify the Library and any of its employees or agents from any claims, suits or other actions arising from, caused by, or which are the result of any alleged act or omission of any organization, corporation, guest, invitee, licensee, visitor or other person present on the Library premises for the purpose of participating in, organizing, assisting, enjoying, supervising or in any other way furthering the activity to be held (as described above) on the date(s) listed above. The undersigned is authorized to execute this agreement on behalf of this organization.

Signature of Applicant: \_\_\_\_\_

You will be contacted by library staff to confirm your application. If you have questions please contact Mel Eno at 231-627-2381, [eno.melanie@cheboyganlibrary.org](mailto:eno.melanie@cheboyganlibrary.org).

Approved: \_\_\_\_\_ Date: \_\_\_\_\_