

# Cheboygan Area Public Library

100 S. Bailey Street • Cheboygan, MI 49721 • 231-627-2381 • cheboyganlibrary.org

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## ROOM USE APPLICATION

*Please read the CAPL Room Use Policy before completing this form.*

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

Name of Organization/Group: \_\_\_\_\_

Non-Profit (please provide proof of 501c3 status)       For-Profit

Contact Person: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Person(s) supervising event if different than above: \_\_\_\_\_

Date(s) Requested: \_\_\_\_\_ Time Requested: \_\_\_\_\_ am/pm - \_\_\_\_\_ am/pm

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

Equipment Needed: Projector Yes No / Computer Yes No / DVD Player Yes No

Kitchen Use (\$20 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, suites, 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 in authorized to execute this agreement on behalf of this organization.

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

If you have any questions, please contact CAPL Program Director Emily Clare by phone (231) 627-2381 or email emily.cheboyganlibrary@gmail.com.

*For Library Use Only:*

Event Approval: \_\_\_\_\_ Date Approved: \_\_\_\_\_ Room Assigned: \_\_\_\_\_ Fee: \_\_\_\_\_