

Wallis Room Application

Date of use: _____ Time of use: _____ to _____ Attendees: _____

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Applicant's Printed Name: _____

Address: _____

Purpose for which use is requested: _____

I, the undersigned, do hereby acknowledge and consent to the Simon Fairfield Public Library's Facilities Use Policies and Patron Behavior Policies. I accept responsibility for the orderly conduct of the group and for any loss of, or damage to, Library property.

The group will maintain a safe, peaceful, and respectful environment, respectfully comply with Library staff requests, and clean up after itself.

Applicant's Signature: _____ Date: _____

Staff Signature: _____ Date: _____