## WOODDUMPUBLIC LIBRARY

## **Room Reservation Request Form**

Contact the Library reference desk at 503-982-5252 for more information. Email the completed form to  $\underline{reference@ci.woodburn.or.us}$ 

☐ Conference (	10 people	☐ Carnegie (36	pe	ople) 🗆 <b>Multip</b>	<b>urpose</b> (5	1 people)	
Name of Organ	ization: _						
Nature of Meeting:							
Phone Number:				Email:			
Address:			City/State/Zip:				
Reservation Date(s):			Day(s) of Week:				
Start Time: End Time:		_ End Time:	Attendance:				
Is this a recurring reservation request? If so, is it							
☐ Every week ☐ Every other week ☐ Once a month							
time indicated or general public. A acquit, and forev suits, claims, den incorporeal inter use of the facility be brought again above set forth. I I further attest the equipment, the	In the appro- Il persons for hold harm hands or assests, or oth herein deso st the City of agree to contact I am 18 facilities, gi	ved application. The or whom a Room Rest the City of West times and liability versibed; and do here of Woodburn, its of mply with all rules, syears of age or older	e relates odd what casing the fice of the	mainder of the factorization application burn, its officers, atsoever for personal that no a crs, agents or emplications, and policing will be personal ent of stolen economic and will be personal that it is a stolen economic and will be personal that it is a stolen economic and will be personal that it is a stolen economic and will be personal that it is a stolen economic and the stolen economic and that is a stolen economic and the stolen econom	cility is avai on is appro agents and anal injuries from, or ot action by law ployees on ies as set fo ally respons quipment.	the meeting room of lable to Applicant a ved agree to waive a manage, and a manage, therwise connected w, or suit in equity, account of any manage, and the by the City of W sible for repair of days against below, a signing below, and a manage of the by signing below.	and to the e, release, ny and all , injury to I with the shall ever nner here oodburn amage to
Printed Name: Signature:							
Date:			_				
For office use or	nly:				_		-
Day of Week	Date	Time From/To		Day of Week	Date	Time From/To	4
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