

Ketchikan Public Library Meeting Room Hours:
Monday through Wednesday: 10 AM to 7:45 PM
Thursday through Saturday: 10 AM to 5:45 PM
MEETING ROOMS ARE NOT AVAILABLE ON SUNDAYS

KETCHIKAN PUBLIC LIBRARY MEETING ROOM REQUEST

Date: _____

Name of Applicant: _____

Home Address: _____ Email Address _____

City: _____ State: _____ Zip Code: _____

Home Telephone: _____ Business Telephone: _____

Name of Group: _____

Purpose of meeting: _____

Meeting room requested:

_____ Large Multipurpose Room (60 persons)

_____ Small Multipurpose Room (18 persons)

Number of participants expected: _____

Each group using a meeting room is responsible for ensuring that the meeting room is returned to the same condition after the meeting, as it was prior to the meeting. Failure to restore the meeting room to such prior condition shall render the group liable to the City of Ketchikan for the cost of repair and clean up and may result in forfeiture of future bookings.

Date needed: _____ (At least 10 days in advance)

Time needed: Start: _____ Finish: _____

Equipment needed:

_____ TV/DVD player

_____ Digital Projector

_____ Overhead Projector

_____ Videoconferencing

_____ Laptop

_____ Screen

I have read the attached Ketchikan Public Library Meeting Room Policy and agree that my organization will abide by these rules. I further agree that the group will be responsible for any damage to library property which may occur as a result of my group's use. I certify that I am authorized to make these representations on behalf of my group.

Signature: _____ Date: _____