

1	rned to you. Applic	cation processing re	equires five (5) b		ew by the Director, a copy ays. (<i>Please print legibly</i>)
Purpose of Meeting:					
Contact person:		Email:			
Address:		City:		St:	Zip:
Business Phone:			Fax:		
Is your program free fo	r attendees? \Box Yes	□ No			
Is your program open to	o the general public?	P \Box Yes \Box N o			
• • • •	• •		usiness 🗆 Other	•	
Organizations Mission:	\Box Educational \Box (Cultural 🗆 Civic B	Setterment 🗆 No	ne 🗆 Oth	er
Monday – Thursday Friday & Saturday Sunday		1			
Requested Date(s)	Entry / Exit Time	Program Star			OFFICE USE ONLY
	to		to to		$\frac{1}{2} \frac{1}{2} \frac{1}$
	10		10	P	vailable 🗆 Yes 🗆 No
Fee: <u>Resident</u> \$60 per l	nour <u>Non-Resident</u> \$	90 per hour			
Equipment Provided:	·	ole Projection Scr	een, Tables & C	hairs	
Seating Capacity: (30) Chairs Only	or (4) Tabl	es & (30) Chairs	S	
to abide by all rules and I agree to indemnify, d from all loss, cost and liability and damage to connection with user's such act is authorized by or loss or theft of such whatsoever for any pro- caused solely by the Ci	e Ontario Library M d regulations. I unde efend and hold harm expense arising out o property sustained negligent acts, errors y this agreement or n property, done or o perty placed on the p ty of Ontario or any	eeting Room Polic rstand that failure to alless, the City of O of any liability for or claimed to have or omissions or the ot; and user shall per caused by such per remises. The provi of its agents or em	y and on behalf of to do so will resu- personal injury, e been sustained ose of any of its of ay for all damage rsons. The City sions of this artic ployees.	of the orga ilt in loss of rs, agents, bodily in by the C officers, age to the pro of Ontario cle do not	anization I represent, I agree of meeting room privileges. employees, and volunteers jury to persons, contractual ity of Ontario or anyone in gents or employees, whether perty of the City of Ontario, assumes no responsibility apply to any damage or loss
LIBRARY USE ONL	Y: Approved:	Yes No			Yes 🗆 No
Director Signature	D	Date			