



Organization's Name: _____

Small Meeting Room Policy

- In keeping with the South Haven Memorial Library's mission statement, the small meeting room is available at no charge for use by civic, community, cultural, educational, political, or religious organizations, groups, and individuals for non-commercial and non-profit purposes.
- The small meeting room will be reserved on a first-come, first-serve basis as scheduling permits. Persons reserving the room must be 18 years of age.
- **Capacity: 12 people.**
- Library sponsored and co-sponsored programs have priority for use of the small meeting room.
- Persons scheduling or attending meetings in the small meeting room are subject to all South Haven Memorial Library rules and regulations concerning behavior in the building.
- Permitting use of the small meeting room does not constitute endorsement, by the library, of the organization, the goals, objectives or activities of the organization, or the content of any communications made by the organization.
- Consumption of alcoholic beverages, smoking and/or vaping is prohibited.
- The small meeting room is available during open library hours up to 15 minutes prior to closing.
- The user shall be responsible for any cleaning, loss, theft, or damage to the room, personal property, or exhibits displayed in the community meeting room at the time of the reservation.
- The library director reserves the right to amend, waive, deny or cancel any application for the small meeting room use.
- We will hold the small meeting room up to **15 minutes passed your scheduled reserved time.**
- There is no charge for use of the small meeting room, but donations are thankfully accepted.

Small Meeting Room REQUEST FORM

Organization Name: _____

Contact Person: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Date(s) & Time(s) of Reservation: _____

I, the undersigned, have read and agree to all of the South Haven Memorial Library's community meeting room policies.

Contact Signature: _____

OFFICE USE ONLY

Start Date: _____

Authorized Signature: _____

Date: _____

Notes:

Original: 04-2022 / Revised: 9/26/2023