

Meeting Room Use Agreement

I have read and understood the Stickney-Forest View Library District Meeting Room Policy, and will comply with all its requirements. I understand that I am responsible for any charges incurred for meeting room cleaning or repair resulting from my event.

Patron Information: (please print)	
Full Name:	
Address:	
Barcode:	
E-mail:	
	Cell Phone:
Patron Signature:	
Date:	
Library Staff Name:	

