

**MONTGOMERY COUNTY MEMORIAL LIBRARY SYSTEM- Central Library, Conroe -
 Meeting Room Application**

ATTENTION!! Prior to entering the meeting room, applicants MUST check in at the front desk. NO
EXCEPTIONS!!

CLICK HERE TO READ THE LIBRARY MEETING ROOM POLICY BEFORE APPLYING

Library: **Central** Today's Date: _____

Name of Organization: _____

Address: _____

Telephone Number(s): (____) _____

Name of Representative making the request: _____

Position in the Organization: _____

Purpose of Meeting: _____

Please sign an authorization to use a specific name and phone number to give to patrons who are seeking information about your organization or meeting.

Name of person patrons may contact: _____

Signature of person patrons may contact: _____

Phone Number: _____

To give all organizations an opportunity to use the meeting rooms, groups may **not** reserve space more than 90 days in advance or more than twice a month.

Date of meeting: _____

Hours: _____ to _____ Room Capacity: Small 25 Large 76

Approximate group attendance: Adults _____ Children _____

Equipment Requested: _____

If you need equipment, please fill out the attached [AV Equipment Checklist](#).

_____ Check if you would like to use the kitchen. (Alcohol Prohibited)

It is the responsibility of the organization scheduling the meeting room to confirm the date and time of the meeting with the programming department staff by calling 936-788-8377 X243 or X266. FAX NUMBER: 936-788-8398

AGREEMENT: It is expressly understood that the library has adopted certain rules applicable to the use of the library meeting rooms. A copy of the meeting room policy will be provided. This policy shall be binding, upon such individual and the group as a whole, with the same force and effect as if written and made a part of this agreement. Furthermore, the undersigned and the group requesting use of the library facilities agree, to the extent the law allows, to hold the county harmless from and against all losses, expenses, demands, and claims made against the county arising in any manner from such group's use of the library facilities, whether such loss, expense or demand is negligent or not. Each group using the library facility as a meeting place will be held responsible for any damage to the building or equipment used. Neither the library's address or the phone number may be used by any non-library related group as a contact or information source.

Group Name: _____

Signature of Representative: _____

Montgomery County Memorial Library
Audio Visual Equipment Checklist
Programming Department
936-788-8377 x266

- ___ Digital Projector and Laptop
- ___ Large Screen w/VCR or DVD player (Large room only)
- ___ Mobile TV w/VCR/DVD player
- ___ CD player (Large room only)
- ___ Wireless Microphone (Large room only)
- ___ Corded Microphone (Large room only)
- ___ Double Cassette Deck (Large room only)
- ___ Portable radio with cassette player
- ___ Overhead Projector
- ___ Easel (patron must provide their own signs)

Please place a check next to any A.V. equipment you may need for your meeting. Your organization and the individual requesting the meeting rooms will be held responsible for all reserved items. Please return all equipment used in the small meeting room to the front desk. Return all equipment used in the large meeting room to the A/V closet located in that room.

Signature: _____

Print Name: _____

Organization: _____

Date: _____