

**MUSKINGUM COUNTY LIBRARY SYSTEM**  
**Meeting Rooms ~ Auditorium Reservation Request Form**

**PLEASE READ ALL POLICIES ON THE MEETING ROOM/AUDITORIUM POLICY SHEET BEFORE COMPLETING. ROOMS WILL NOT BE CONSIDERED RESERVED FOR A GROUP UNTIL THE GROUP RESERVING SPACE RECEIVES A COPY OF THE APPLICATION FORM SIGNED BY THE DIRECTOR OF LIBRARIES.**

Name of Organization or Individual \_\_\_\_\_

If an Organization, does your Organization have 501(c)3 status? Yes \_\_\_\_\_ No \_\_\_\_\_

Purpose of Meeting (please be specific) \_\_\_\_\_  
\_\_\_\_\_

Date requested for reservation \_\_\_\_/\_\_\_\_/\_\_\_\_ Time meeting/program will begin \_\_\_\_\_;end \_\_\_\_\_

Requesting Meeting Room A \_\_\_\_\_ at John McIntire: Mon-Thurs. 10:00 - 8:00 Fri. & Sat. 9:30 - 6:00

Requesting Meeting Room B \_\_\_\_\_ at John McIntire: Mon-Thurs. 10:00 - 8:00 Fri. & Sat. 9:30 - 6:00

Requesting Auditorium \_\_\_\_\_ at John McIntire: Mon-Thurs. 10:00 - 8:00 Fri. & Sat. 9:30 - 6:00

Requesting a meeting room at a Branch:

\_\_\_Dresden: Mon/Tues/Wed. 12:00 - 8:00; Fri. 12:00 - 6:00; Sat. 11:00 - 3:00

\_\_\_Duncan Falls/Philo: Mon/Tues/Wed. 12:00 - 8:00; Fri. 12:00 - 6:00; Sat. 11:00 - 3:00

\_\_\_New Concord: Mon/Tues/Wed. 12:00 - 8:00; Fri. 12:00 - 6:00; Sat. 11:00 - 3:00

“To the fullest extent permitted by law, \_\_\_\_\_ agrees to defend, pay in behalf of, hold harmless and indemnify the Muskingum County Library System against any and all claims, demands, suits, losses, including all costs connected therewith, for any damage which may be asserted, claimed or recovered against or from the Muskingum County Library System, its elected and appointed officials, employees, volunteers or all others working in behalf of the Muskingum County Library System, by reason of personal injury, including bodily injury and death; and/or property damage, including loss of use thereof, which arises out of the alleged negligence of the Muskingum County Library System and/or in any way connected or associated with this contract.”

Name (please print) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Telephone \_\_\_\_\_

Signature \_\_\_\_\_ Date Submitted \_\_\_\_/\_\_\_\_/\_\_\_\_

Please respond to all questions. Your request will be considered on the information you supply. Please return to:

Office Assistant ~ 740-453-0391 ~ EXT 126 FAX ~ 740-455-6937

Muskingum County Library System ~ 220 N. Fifth Street Zanesville, OH 43701

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This area to be completed by Library Administration

Date received \_\_\_\_/\_\_\_\_/\_\_\_\_ Received by \_\_\_\_\_

Action taken: \_\_\_\_\_ approved; \_\_\_\_\_ denied – Director’s Signature \_\_\_\_\_

Reason for denial \_\_\_\_\_

Date applicant notified \_\_\_\_/\_\_\_\_/\_\_\_\_ Notified by \_\_\_\_\_

Comments \_\_\_\_\_

**PLEASE COMPLETE ANY APPLICABLE INFORMATION. FAILURE TO COMPLETE APPLICATION MAY DELAY APPROVAL.**

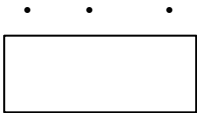
Meeting Rooms \_\_\_\_\_ Auditorium \_\_\_\_\_

How many tables are requested for this meeting? \_\_\_\_\_ Please indicate room set-up choice for Meeting Rooms.

How many chairs are requested for this meeting? \_\_\_\_\_

**ROOM SET UP**  
**(Please indicate choice X)**

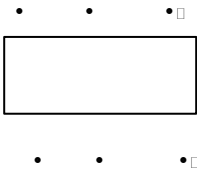
CLASSROOM \_\_\_\_\_



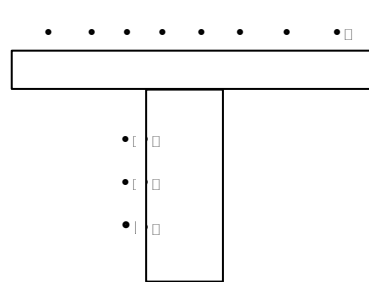
THEATER SEATING \_\_\_\_\_



CONFERENCE \_\_\_\_\_



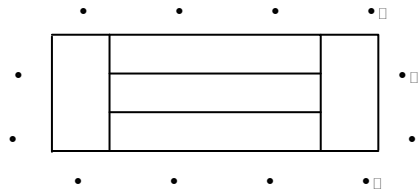
T SHAPE \_\_\_\_\_



U SHAPE \_\_\_\_\_



HOLLOW SQUARE \_\_\_\_\_



**MEETING ROOMS: Not-for-Profit: No Charge**  
**AUDITORIUM: Not-for-Profit: No Charge**

**For Profit & Social Functions: \$30.00 per hour**  
**For Profit & Social Functions: \$75.00 per hour**

**Fees include:**

- Room with heating, cooling, lighting and (1) set-up as indicated on the application
- Normal janitorial and clean-up services
- Restrooms and parking in the north parking lot

**A 50% deposit may be required. All fees are payable before the meeting between 9:00 a.m. and 5:00 p.m. weekdays.**

**AUDIO-VISUAL EQUIPMENT**

Customers utilizing library audio-visual equipment are responsible for any damaged or missing items as determined by the library. The library is not responsible for any damage or theft to customer's personal equipment.

Please indicate equipment requested: VCR/DVD Player \_\_\_\_\_ Monitor \_\_\_\_\_ Podium \_\_\_\_\_ Microphone \_\_\_\_\_  
Overhead Projector \_\_\_\_\_ Screen & Slide Projector \_\_\_\_\_

**\*Only videos with public performance rights may be shown in the library.**

I will NOT NEED Audio-Visual Equipment \_\_\_\_\_. Signature \_\_\_\_\_