



KEWASKUM PUBLIC LIBRARY

1225 FOND DU LAC AVE
PO BOX 38
KEWASKUM, WI 53040

WEBSITE

<https://www.kewaskum.lib.wi.us/>

EMAIL

kewaskum@monarchlibraries.org

TELEPHONE

(262) 667-2930

HOURS

MON – WED 10 AM – 8 PM
THURS & FRI 10 AM – 6 PM
SAT 10 AM – 2 PM
CLOSED SUNDAYS

MEETING ROOM RESERVATION APPLICATION

Reservations will be considered upon receipt of this completed application. Completing the application does not guarantee your reservation.

The person signing this agreement may be asked to present a valid state ID and is responsible for coordination and supervision during desired usage.

- Please print clearly -

Name (First & Last): _____

Group Name: _____

Address: _____ City/Zip: _____

Cell Phone: _____ Alt. Phone: _____

e-Mail: _____

Event Date(s): _____ Timeframe: _____

Purpose of Use: _____

Estimated Attendance: _____

KEWASKUM PUBLIC LIBRARY (1225 Fond du Lac Avenue) See Policy for occupancy		
<input type="checkbox"/>	Main Level Conference Room (ADA Accessible)	
<input type="checkbox"/>	Lower-Level Community Room (Not ADA Accessible)	

I (organizer) have read, understand, and agree to abide by the Meeting Room Policy. I agree to indemnify, defend, and hold harmless, Kewaskum Public Library, the Village of Kewaskum, its officers and employees, from and against all loss or expense including costs and reasonable attorney's fees and/or liability for damages for personal injury and property damage to the extent caused by any negligent or willful act or omission of organizer.

I HEREBY ATTEST THAT THIS COMPLETED APPLICATION IS A TRUE STATEMENT OF DESIRED USAGE AND IS REPRESENTATIVE OF THE INDICATED GROUP/ORGANIZATION/AFFILIATION (if any).

Signature: _____ Today's Date: _____