

**VILLAGE OF CROSS PLAINS APPLICATION FOR USE OF MEETING ROOMS  
AT 2107 JULIUS STREET – CROSS PLAINS, WI 53528  
SEPTEMBER 2022 - MAY 2023**

Application on behalf of:

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

For use of \_\_\_\_\_  
Specify one room or two rooms

Anticipated attendance \_\_\_\_\_ Check here if using the kitchen \_\_\_\_\_

Purpose of use: \_\_\_\_\_  
Indicate here if meeting is open to the public. If necessary, continue pertinent information on the reverse side of this page.

**A. Single Meeting**

\_\_\_\_\_ to \_\_\_\_\_  
Date Day of Week Hours Needed

**B. Series of Meetings – Indicate dates and time(s)**

\_\_\_\_\_  
Dates  
\_\_\_\_\_  
Day(s) of Week Hours Needed to \_\_\_\_\_

Permission to bring into the building:  
\_\_\_\_\_

**Smoking is not permitted anywhere in the building or on the grounds near the library.**

Fee \_\_\_\_\_

I, the undersigned, of legal age, have read the meeting room policy and regulations and agree to comply. I am responsible to the Village of Cross Plains and the Rosemary Garfoot Public Library for the use and care of Village and Library property. As signer for this room reservation, I release the Village of Cross Plains and its employees, officers, and agents from all liability for any and all injury/accident/illness that may result from the group's use of this facility.

I understand my responsibilities as the signer include:

- a) Payment for damage to Village or Library property.
- b) Enforcing the Meeting Room regulations.
- c) Reporting the number of people in attendance.
- d) Securing the building if my group is the last to exit the building.

Library Approval _____
Desk Calendar _____
Online Calendar _____
Payment Received _____

\_\_\_\_\_  
Name (Print)

\_\_\_\_\_  
Street City St Zip

\_\_\_\_\_  
Primary Phone Secondary Phone

\_\_\_\_\_  
Email

\_\_\_\_\_  
Signature of Applicant