SOUTH HAVEN MEMORIAL LIBRARY
COMMUNITY MEETING ROOM POLICY

- In keeping with the Library’s Mission Statement, The Community Meeting Room is available at no charge for use by civic, community, cultural, educational, political, or religious organizations, groups, and individuals for non-commercial and non-profit purposes.
- The Community Meeting Room will be reserved on a first-come, first-serve basis as scheduling permits. Persons reserving the room must be 18 years of age. Occupant load is 60 people.
- Library sponsored and co-sponsored programs have priority for use of the Community Meeting Room.
- Persons scheduling or attending meetings in the Community Meeting Room are subject to all South Haven Memorial Library rules and regulations concerning behavior in the building.
- Permitting use of the Community Meeting Room does not constitute endorsement, by the Library, of the organization, the goals, objectives or activities of the organization, or the content of any communications made by the organization.
- Consumption of alcoholic beverages and smoking is prohibited.
- The Community Meeting Room is available during open Library hours up to 15 minutes prior to closing.
- The user shall be responsible for any cleaning, loss, theft, or damage to the room, personal property, or exhibits displayed in the Community Meeting Room at the time of the reservation.
- The Library Director reserves the right to amend, waive, deny or cancel any application for meeting room use.
- There is no charge for use of the Community Meeting Room, but donations are thankfully accepted.

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SOUTH HAVEN MEMORIAL LIBRARY MEETING ROOM REQUEST FORM

Organization Name______________________________________________________________

Contact Person______________________________________________________________

Mailing Address______________________________________________________________

City_______________________ State________ Zip Code________________

Phone Number_______________________ Email____________________________________

Date and Time of Reservation____________________________________________________

I, the undersigned, have read and agree to all of the South Haven Memorial Library’s Community Meeting Room policies.

Contact Signature______________________________________________________________

Date(s) ____________________________________________________________

Approved by_____________________________ Date______________________________

Revised