Tripp County Library Grossenburg Memorial
Meeting Room Reservation Application

Required for non-profit, not-for-profit, and for-profit organizations.

Date: _____

Organization Name: _____

Contact Person: _____

Title: _____

Address: _____

Email: _____

Phone Number: _____ Cell Phone: _____

Purpose of Meeting: _____

Meeting Date(s): _____ One-Time___ Weekly ___ Monthly ___ Other ___

Time: _____

- **Make check payable to: Tripp County Library**
- **Deposit of $50 received on (date) _____.**
- **For-Profit Organization: Payment of $_____ received on (date) _____.**

I have read the *Meeting Room Policy and Rental Procedures* and have made a request for the use of the meeting room in the Tripp County Library based on full understanding and acceptance of this policy. If the request is approved, I will assume personal responsibility for the discipline and reasonable care of the meeting place and equipment therein during my organization's use of the space in connection with this application.

Signature: _____
Responsible Party

Signature: _____
Tripp County Library

Approved by the Tripp County Library Board of Trustees on 5/17/22.