

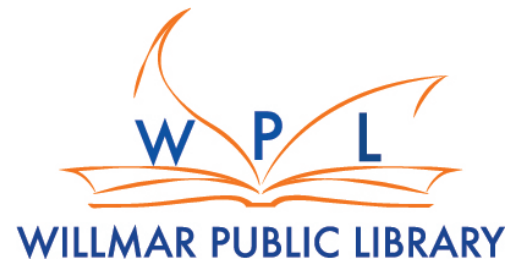
Willmar Public Library

410 5th Street SW

Willmar, MN 56201

PHONE: (320) 235-3162 • FAX: (320) 235-3169

willmar.staff@pioneerland.lib.mn.us



Meeting Room Agreement

Organization/Group Name: _____

Organization/Group Mailing Address: _____

Primary Contact Phone/ Email: _____

Individual using the Room (if different from Primary Contact): _____

By using the room, you agree with the following:

- I have read the Multi-Purpose Room Policy and agree to comply with the terms and conditions.
- I understand that failure to comply with these rules may result in expulsion and denial of future reservations.
- I understand that the Willmar Public Library, the Pioneerland Library System, the City of Willmar, Kandiyohi County, and all staff and volunteers are not responsible for any loss or damage occurring while on library premises or arising out of the use of library meeting space or its environs.
- I understand that my organization assumes financial responsibility for any damage to the room and contents.
- If a meeting is canceled, I agree to notify the library as far in advance as possible.
- I understand that the room must be returned to the condition and layout it was set-up. This includes sweeping the floor, wiping tables and chairs, and setting the layout of furniture to the default room setup outlined in the room.

I agree to the above conditions while utilizing the meeting rooms at the Willmar Public Library. I understand that if anyone in my group violates any of the rules and policies of the Willmar Public Library the group can be subject to removal and suspension from the library building.

Signature

Print Name

Date