



Program Room Policy Agreement

I have read and understand the *Program Room Policy and Procedures for the Sylvan Lake Municipal Library*. I will make this information available to other members of my group who may be in charge of future meetings. At such time as another person is in charge of the meeting room or in the event this policy is mislaid, I hereby assume the responsibility of requesting that the library supply a new policy statement and authorization form to the appropriate member. I understand that I will be held financially responsible for any damage incurred or excessive clean-up required as the result of my organization's use of the Program room.

Group: _____

Registered Charity/Non-Profit Society Number: _____

Contact Name (Please Print): _____

Mailing Address: _____

Contact Phone Number: _____

Date: _____

Signature: _____