

~Lincoln County Health Department~

636-528-6117

Request and Authorization to Use Meeting Rooms

Room Requested: _____

Date room is needed: _____

Time room is needed: _____

Name of non-profit group or organization:

Type of event: _____

Approximate number of attendees: _____

Does your event require use of kitchen facilities?

Yes / No

Does your event require use of the projector

equipment? Yes / No

Responsible contact:

Person picking up and holding Key Card:

(Only needed if event is on the weekend and/or after 4:30 Monday-Friday)

Name: _____

Name: _____

Phone: _____

Phone: _____

Address: _____

Address: _____

E-mail Address: _____

E-mail Address: _____

It is understood and agreed that by executing this request for use of the Lincoln County Health Department meeting facility, the organization or group using the facility has read and will abide by the Lincoln County Health Department Meeting Facility Rules and Regulations; will be responsible for safeguarding the facility's condition; and will pay for any loss of property and/or damages caused to the facility as a result of misuse. In addition, it is understood the organization or group shall not hold Lincoln County Health Department liable for any bodily injury, property damage, or theft of property that may occur on the premises covered by this application.

Signature of responsible person: _____ **Date:** _____

Signature of Key Card holder *(if applicable):* _____ **Date:** _____

Authorization granted by: _____ **Date:** _____