



Meeting Room Reservation Form for HOA Groups

HOA Name:

Room Requested:

Number of Attendees:

Dates(s) Requested:

Time Requested:

Responsible Party:

Phone Number:

Email Address:

I affirm that my group is a non-profit organization.

I agree to return the room to the condition in which it was found, and I understand that I am responsible for the treatment and condition of the room.

I understand that the reservation is not final until confirmed with the booking coordinator or library director.

I acknowledge the requirement to provide proof of security arrangements with an off-duty City of Daphne law enforcement officer who will be present for the duration of the meeting. I understand that the cost of security is the responsibility of the HOA reserving the room, and that failure to provide proof of these arrangements no later than 48 hours prior to the scheduled meeting will result in cancellation of the booking.

I acknowledge that I have received a copy of the Daphne Public Library Meeting Room Policies. I affirm that I will abide by the rules and guidelines in those policies.

Responsible Party Signature: _____

Date: _____