

**MAIN LIBRARY COMPUTER CLASSROOM
REQUEST & CONFIRMATION FORM**

Requested By

Name: _____ Date Submitted: _____

Division/Agency: _____ Phone: _____

Email: _____

Session Date: _____ Session Time: from ___ to _____
(Includes setup and breakdown times)

Instructor[s]

Name[s], Phone #, Email address

Attendance

Name of Visiting Group: _____

Number of Participants: _____

Are members of the general public invited? Yes _____ No _____

Session Description [Please describe as completely as possible]

I have read and understand the *Policies for Use of the Computer Classroom*, including Section VII, which holds my group responsible for any damage to library property or equipment, and which holds Metro Government harmless in the event of injury, damage, or loss of personal property in connection with use of the classroom. ___Yes ___No

I have submitted a certificate of insurance (NA for government agencies) ___Yes ___No

I have submitted a certificate of insurance (NA for government agencies)

Signature/Date _____ / _____

Please submit this form to Ryan Darrow via email at ryan.darrow@nashville.gov, deliver in person to the 3rd floor Reference Desk at Main Library, or by mail to Ryan Darrow, Nashville Public Library, 615 Church St., Nashville, TN, 37219

Authorization:

_____ Approved

Signature: _____

_____ Booked (*on calendar*)

_____ Not Approved

Date: _____

Comments: