

ACTIVITY EVENTS REGISTRATION FORM
Shelby Community Library

PLEASE PRINT:

Name of Organization or Event: _____

Person in Charge: _____ Phone _____

Program: _____

Program Date: _____ Attendance (How many): _____

Time of Set up: _____ Time Program/Event ends: _____

I hereby acknowledge and accept responsibility for compliance with these Activity Events Policy rules.

Signature of Person in Charge

Date