



# Meeting Room Reservation Application

P.O. Box 923, Hardin, MT 59034 Tel: 1(406) 665 -1700 \* Fax 1(406) 665-2746  
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Super 8 - Hardin

## Contact Information

Organization: \_\_\_\_\_  
(Please Print Name of Organization)

Mailing Address: \_\_\_\_\_  
(Street or PO Box) (City) (State) (Zip Code)

Contact Person: (Print Name) \_\_\_\_\_

Mailing Address: (if different) \_\_\_\_\_  
(Street or PO Box) (City) (State) (Zip Code)

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

## Meeting Information

Title of Meeting: \_\_\_\_\_

Description of Meeting: \_\_\_\_\_

Preferred Date: \_\_\_\_\_ Beginning-Ending Time: \_\_\_\_\_

Number of Attendees: \_\_\_\_\_ Is this meeting free and open to the public? \_\_\_\_ YES \_\_\_\_ NO

I have read the Meeting Room Use Policy and have made a request for the use this room based upon full understanding and acceptance of this policy. I will assume personal responsibility for the discipline and reasonable care of the Meeting Room and equipment therein as well as meet other obligations stated in the Meeting Room Policy during my organizations use of this space.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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### For Motel Use Only

Received by: \_\_\_\_\_ Date: \_\_\_\_\_ Approved \_\_\_\_\_ Disapproved \_\_\_\_\_

Contacted by: Telephone \_\_\_\_\_ Email \_\_\_\_\_ In-Person \_\_\_\_\_ Other \_\_\_\_\_

Super 8 Guest \_\_\_\_ //Non-Profit \_\_\_\_ //Employee \_\_\_\_ // Commercial \_\_\_\_ Yes \_\_\_\_ No //Other \_\_\_\_

Payment Method: Check \_\_\_\_ //Cash \_\_\_\_ //Credit Card \_\_\_\_ //Room Charge \_\_\_\_ //Free \_\_\_\_