Library Meeting Room Application

Organization/ Individual name _____

Mailing address _____

City _____ State _____ Zip code _____

Contact person _____

Phone _____ E-mail _____

Meeting topic _____

Expected number of attendees _____

Single use: Meeting date _____

Start time* _____ End time* _____

Multiple uses: Meeting date(s) _____

Start time* _____ End time* _____

As an authorized adult representative of the above organization, I hereby apply for the use of the meeting room as indicated above. I have read the policies and rules governing the use of the meeting room facilities and agree that they will be carefully observed. If a meeting is cancelled, I agree to notify the library as far in advance as possible.

Signed _____ Date _____

Please note: Meeting room reservations are not confirmed until this completed form has been reviewed and approved by designated library personnel.

#of key(s) given_____

Security Deposit_____