

# Application For Use of Meeting Room Facilities

*Please read our **Policy and Guidelines for Meeting Rooms Usage** before completing this application.*

**Date(s) and hour(s) requested:**

For each date requested, give day, date, beginning time and ending time. Include time for room set-up and breakdown. **Application form and fee(s) must be submitted at least seven (7) days prior to dates requested. Payments must be received at the time reservations are being made. Rental fees for meeting spaces are non-refundable, and are due upon reservation request.**

**Meeting location:** \_\_\_\_\_

**Meeting date:** \_\_\_\_\_

**Meeting hours:**

From: \_\_\_\_\_ A.M. \_\_\_ P.M.

To: \_\_\_\_\_ A.M \_\_\_ P.M.

**Room set-up for auditorium is theater style only. (Availability of tables and chairs will be made at the time of reservation. No Additional tables or chairs will be gathered or set-up prior/during scheduled meeting time.)**

**Information about the person completing the application:**

Name: \_\_\_\_\_

Phone number day: \_\_\_\_\_ night: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Information about the individual or group holding the meeting:**

Organization or group name: \_\_\_\_\_

Phone number \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of chief officer: \_\_\_\_\_

Telephone number \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Brief history of the group or organization:

Purpose of this meeting (Library meeting rooms are not available for commercial/business ventures):

Expected Attendance (Seating may not exceed room capacity): \_\_\_\_\_

Special Accommodation needs? \_\_ Yes \_\_ No

If yes, describe:

### **Assistive Listening Devices**

If required, requests for assistive listening devices must be specified at the time this form is submitted.

\_\_\_ Please check here if Assistive Listening Devices will be required for your meeting.

The undersigned, on behalf of the above-mentioned organization, has read and agrees to comply with policy and procedures governing the public use of library meeting rooms. The applicant also accepts full responsibility for any damages to facilities or equipment and agrees to confine the organization's activities to the assigned room.

\_\_\_\_\_  
\*Signature

\_\_\_\_\_  
\*Date

\_\_\_\_\_  
\*Email

\_\_\_\_\_  
\*Telephone

\_\_\_\_\_  
\*Library Card #

\_\_\_\_\_  
\*Driver's License # or

***\*required information***

\_\_\_\_\_  
\* Non-Driver's ID#

*Approved 3/20/2000*

*Rev. 06/29/2010—Effective 07/01/2010*

Please print this form, fill it out, and mail it along with your payment to the appropriate library.