# MEETING ROOM APPLICATION

## GENERAL INFORMATION

Name of Group/Doing Business As: ____________________________

Contact Person: ____________________________ Position: __________

Address: ____________________________

City, State, Zip Code: ____________________________

Phone - HOME: ____________________________ CELL: ____________________________ FAX: ____________________________

WORK: ____________________________ EMAIL: ____________________________

Library Card Number: ____________________________

(The contact information above may be given to any person inquiring about this meeting.)

## MEETING ROOM LOCATION

Library Location: ____________________________

Room: ____________________________

## REQUEST INFORMATION

<table>
<thead>
<tr>
<th>DATE/TYPE</th>
<th>DAY</th>
<th>TIME FROM</th>
<th>TIME TO</th>
</tr>
</thead>
<tbody>
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</tr>
</tbody>
</table>

PURPOSE OF MEETING:

(Meeting Room Application must be received at least two (2) weeks prior to the event.)

### REQUEST FOR TABLES AND CHAIRS (ONLY AT THE CENTRAL LIBRARY)

- 6 ft. square table
- Round table (for Library sponsored events only)
- Chairs

<table>
<thead>
<tr>
<th>TABLE CHAIRS</th>
<th>QUANTITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>6 ft. square table</td>
<td>___</td>
</tr>
<tr>
<td>Round table (for Library sponsored events only)</td>
<td>___</td>
</tr>
<tr>
<td>Chairs</td>
<td>___</td>
</tr>
</tbody>
</table>

(Each group is responsible for arranging the room in the manner in which they find most appropriate for their meeting, as well as leaving the room in the manner in which it was found.)

I HAVE READ THE REGULATIONS GOVERNING USE OF THE MEETING ROOMS AND THE LIBRARY SYSTEM’S CODE OF CONDUCT AND AGREE TO ABIDE BY THE CONDITIONS SET FORTH. I UNDERSTAND AND AGREE THAT FEES FOR DAMAGE TO THE FACILITY WILL BE ASSESSED TO MY LIBRARY CARD RECORD. I ALSO UNDERSTAND THAT PERMISSION TO USE A LIBRARY MEETING ROOM DOES NOT IMPLY ENDORSEMENT OF THE AIMS, POLICIES, OR ACTIVITIES OF ANY GROUP OR ORGANIZATION.

☑ APPROVED ☐ DENIED

Date Reviewed: ____________ Reviewed/Approved By: ____________

NOTES: ____________

Rev. 05/31/11

Attachment: Audiovisual Equipment Request & Check-Out Form