

MEETING ROOM APPLICATION

Date _____

Name of Authorized Representation _____

Name of Organization _____

Address of Organization _____

Phone Number _____ Email Address _____

Date and Time of Meeting _____

Purpose of Meeting _____

Number of attendees (or estimate) _____

Please read the following and sign below.

I have read the Library's meeting room policy, and agree that all policies will be followed by all attendees of the organization's meeting. I understand that non-compliance with the meeting room policy will disallow any future use of the Library's meeting room.

Authorized Representative