

Application for Use of Meeting Room

Meeting Dates: _____

Date of Application: _____

Begin/End times: _____

Recurrence: _____

Applicant: _____

Name of organization: _____

Telephone: _____ Email: _____

Address: _____

Purpose of meeting: _____

Refreshments (please detail): _____

Other: _____

The room includes 75 chairs and 10 tables (2.5' x 6'). Please circle any additional items to be us

smart television microwave coffee makers - 12 cup

Other special requests: _____

By signing below, I acknowledge reviewing the meeting room policy and agree to its conditions.

Library Representative

Applicant

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For Internal Use:

Application (circle): Approved Denied

Routing: meeting room calendar online calendar file

Additional meeting dates: