LIBRARY MEETING ROOM APPLICATION FOR USE
Form may be filled out online / printed / signed and mailed or faxed to library.

Name of Organization: _____

Name of Person Making Reservation: _____

Address: _____

Phone Number: _____

Type of Group: _____Non-profit _____Civic _____Business _____Government _____School

Type of Function_____

Date Needed: _____

Time From: _____ to _____ (include set-up & clean-up time)

Number of People Expected: _____ (cannot exceed 50)

Library Equipment Needed:
_____
IMPORTANT: Equipment other than specified above will not be available if not reserved with the room. Wireless network access should be requested above and requires that a login and password be picked up before the meeting.

Equipment you will bring to use: _____
IMPORTANT: You are responsible for providing cables required to connect to our projection unit (HMDI; VGA; Apple dongle for iPad)

Person Who Will Pick Up Key: _____**Phone**_____
(Required when program starts before Library is open or on a day the Library is closed or closed due to weather.)

I have read the meeting room policy and hereby assume responsibility for compliance with the rules.

Signature_____

Date_____

NOTE: Library Staff approval is required before application is confirmed

~~~~~~~~~~~~~~~~~~~~~~~~~~~ **Staff Use Only** ~~~~~~~~~~~~~~~~~~~~~~~~~~~

Application Approved and Date_____

Charge_____

Payment Received_____ _____ _____ _____

Date	Amount	Check #	Name on Check

Person Accepting Key _____**Phone**_____
Signature

FAX completed application to 207-883-9728