

**Meeting Room Application For Use**

Name of organization: \_\_\_\_\_

Name of person making reservation: \_\_\_\_\_

Address of organization: \_\_\_\_\_

Phone number of organization: \_\_\_\_\_

Type of function to be held: \_\_\_\_\_

Date(s) needed: \_\_\_\_\_

Time from: \_\_\_\_\_ to \_\_\_\_\_

Number of people expected: \_\_\_\_\_

I have read the Meeting Room Policy and will assume responsibility for compliance with the rules.

Signature of Applicant: \_\_\_\_\_

.....  
Director's Signature and Date: \_\_\_\_\_

Donation Amount Received and Date: \_\_\_\_\_

The Library Board of Trustees reserves the right to alter this application without prior notice.

Approved 03/04/14