



Community Room Use Application

This form must be submitted to the Library Director for approval.

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

Purpose of meeting: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Equipment requested: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Number of participants: \_\_\_\_\_

Date(s): \_\_\_\_\_ Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

Name of person in charge: \_\_\_\_\_

Telephone: \_\_\_\_\_

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

By signing this form, the applicant agrees to follow all rules set forth in the Library's Community Room Use Policy, as set by the Board of Trustees.



Approval by Director: \_\_\_\_\_

Date: \_\_\_\_\_

