

REQUEST FOR LIBRARY MEETING ROOM USE

PLEASE PRINT

Today's Date _____

Date of Meeting _____

Time Requested: From _____ To _____
(Please include time for set up and clean up)

Expected Number of Attendees _____ Number of Chairs _____ Number of Tables _____

Please circle if you require AV equipment TV/VCR Overhead Projector

Organization Name _____

Purpose of Organization _____

Purpose of Meeting (circle one) Regular Business Meeting Education Other _____

Mailing Address _____

Telephone Number _____ E-mail _____

Name of person agreeing to assume responsibility for Library facility:

Address _____

City/State/Zip _____ E-mail _____

Telephone Numbers: Business _____ Home _____

I have read and received a copy of the Meeting Room Policy, and I accept responsibility as outlined.

Signed _____ Date _____

The Pickaway County District Public Library has my permission to give out my name and telephone number to anyone inquiring about this program. _____

Initials

OFFICE USE ONLY

Date Request Received _____ Received By _____

Request: Approved _____ Denied _____ Reason denied _____