

PARCHMENT COMMUNITY LIBRARY
APPLICATION FOR USE OF MEETING ROOM

Please fill out the application and return it to the Library. Type or print except for signature.

DATE: _____

NAME OF ORGANIZATION: _____

ADDRESS: _____

PURPOSE OF FUNCTION: _____

DATE AND TIME NEEDED: _____

ESTIMATED ATTENDANCE: _____

NAME OF INDIVIDUAL FILING THE APPLICATION:

OFFICE IN THE ORGANIZATION: _____

PHONE NUMBER OF INDIVIDUAL: _____

IS AUDIOVISUAL EQUIPMENT NEEDED? ____ YES ____ NO

IF YES, WHAT IS NEEDED? _____

I HAVE READ THE POLICY AND RULES FOR USE OF THE MEETING ROOM
AND AGREE TO COMPLY WITH THEM.

SIGNATURE: _____

APPROVED: _____ DISAPPROVED: _____

ROOM ASSIGNED: _____

Adopted April 11, 1989
Library Board of Trustees