



APPLICATION FOR USE OF LIBRARY MEETING ROOM

Branch _____ Auditorium _____ Meeting Rm _____ Small Meeting Room _____

Name of Organization: _____

Today's Date: _____ Time: _____ Approx. Size of Group: _____

Purpose of Meeting: _____ Kitchen Needed: () Yes () No

Name: _____

Library Card Number: _____

Address: _____

Phone: _____ email _____

Meeting Dates & Time (Indicate the time you need access to the room & time you will leave after clean up)

Date Needed	Start Time	Departure Time

Your signature indicates that a copy of the SMRL Meeting Room Policy was made available for your review, and that you read, understand, and agree to abide by the policy, and will share the policy with any others involved in organizing or leading the meeting(s) listed above.

For-profit use of the meeting rooms is prohibited.

_____ Date _____

Signature of Individual or Group Representative

Library Staff member taking reservation _____ Date _____

Approved _____ Date _____

Branch Manager Signature

Reservation recorded and patron contacted by _____ Date _____

November 2022