

# Meeting Room Application

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

Name of Applicant: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Name of Non-Profit Organization: \_\_\_\_\_

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

Time Needed: Start: \_\_\_\_\_ Finish: \_\_\_\_\_

Purpose of Meeting: \_\_\_\_\_

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

I have read the attached Lester Public Library of Arpin Meeting Room Policy and agree that my organization will abide by these rules. I further agree that the organization will be responsible for any damages to library property which may occur as a result of my organization's use. I certify that I am authorized to make these representations on behalf of my organization.

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

**FOR LIBRARY STAFF USE ONLY:**

Tentative reservation by: \_\_\_\_\_

Walk-through after meeting: \_\_\_\_\_

Staff: \_\_\_\_\_ Participant: \_\_\_\_\_

Adopted Dec. 6, 2005  
Revised & Updated: Nov. 1, 2014