

Five Rivers Public Library

Meeting Room Application

Date of Event _____ Day of the Week _____ Reserved Time Start _____ End _____

Name of Organization/Group/Individual: _____

Non-Profit Organization Business City/County/State Gov't. Other

Address: _____ City/State/Zip _____

Phone: Office: _____ Home: _____ Cell: _____

E-mail address: _____ (For confirmations, if needed)

Title of Event: _____

Contact Person for Event: _____

Is this event or meeting open to the general public? Yes No

Expected Attendance _____

Equipment available for use upon request Wi-Fi access DVD/VHS player TV Multimedia Projector

I have read and accept the terms and conditions set forth in the Five Rivers Public Library Meeting Room policy. I understand that other library policies such as "Violence", "Inappropriate behavior", etc. may impact the above group; these policies are available upon request.

Any questions concerning the use of the meeting room have been answered by a library staff member.

Signature of Responsible person _____ Date _____

Approval for use of the library meeting room must be approved by the Five Rivers Public Library Director and/or Board of Trustees prior to the meeting / event.

**Library Use only

Signature of Approval:

Library Director: _____ Date: _____

Board of Trustee Member: _____ Date: _____

Key Given to _____ Key number _____

Rental Charge; Yes No Amount Collected \$ _____ Date: _____ Donation _____