

## CHILDREN'S PROGRAM ROOM USE APPLICATION

Applicant/Organization \_\_\_\_\_

Program Description/Meeting \_\_\_\_\_

### Reservation Details:

Date \_\_\_\_\_ Time \_\_\_\_\_ am/pm to \_\_\_\_\_ am/pm

Expected Attendance: # Adults \_\_\_\_ # Young Adults \_\_\_\_ # Children \_\_\_\_

### Authorized representative completing the application:

Name \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Telephone \_\_\_\_\_

E-mail Address \_\_\_\_\_

Are you requesting use of the audio/visual system?

Yes  Please contact Terri Jersey at ext. 313.

No

### Agreement

I hereby apply for use of meeting room space as specified above and agree to the policies, procedures, and regulations and requirements as set forth in The Children's Program Room Rules for Use, which are incorporated herein by reference, and a copy of which I acknowledge that I have received, read, and understand and expressly agree to.

For the Applicant/Organization

For the Library

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name & Title

\_\_\_\_\_  
Print Name & Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date