COMMUNITY ROOM APPLICATION

Applicant/Org	ganization			
Program Des	scription/Meeting			
Reservation I	Details: Date			
Arrival Time_	am/pm Eve	nt Start Time	am/pm	
	meam/pm			
•	endance: # Adults# Y	_	dren	
	epresentative completing th			
Name		Title		
Address				
		Telephone		
E-mail Addre	ess			
Please attach	n - Certificate of Insurance,	501(c)3 attach copy of	Certificate	
	Do you require room set up/break down? (\$25 fee)			
Yes □ Boardroom U-Shape Classroom Theater			eater	
	Other(please attach)			
No □ Par	ty responsible for set up, b	reak down and cleanup.		
•	re use of the audio/visual s ase contact Jenny Kolesar			
Agreement				
I hereby apply f and regulations	for use of meeting room space a and requirements as set forth in ence, and a copy of which I ackn e to.	n The Community Room Poli	cy, which are incorporated	
For the Applicant/Organization		For the Library	For the Library	
Signature		Signature		
Print Name & Title		Print Name & T	itle	
Date		Date		
Fee	Received			