

Moore Memorial Public Library Meeting Room Application

Applicant Information (Please print)

Name:		
Organization name:		Phone:
Address:	Email:	
City:	State:	ZIP Code:

Event Information (Please print)

Purpose of meeting/program:				
Circle one:	Educational/Intellectual	Cultural	Charitable	Please include enough time for set up and tear down in your request.
Expected attendance:	Requested start time:	Alternate date/time:		
Requested date:	Requested end time:	Request for regular meetings*:	Yes	No

Additional Event Information (Please print)

AV equipment request:

Agreement (Please print and sign)

*In order to be fair and equitable, groups meeting on a regular basis are limited the library's spring, fall, and winter seasonal programming.

The applicant has read and, on behalf of the applicant's organization or purpose, agrees to be bound by the policy and rules established to govern the use of the library's meeting rooms. It is understood that failure to comply with any aspect of the may result in immediate or future loss of meeting room privileges.

Signature of applicant:	Date:
Printed name of applicant:	Date:

Library Use Only

Date & time received:	Received by:
Approved: Yes No	Date calendar marked:
Notes:	Date contact notified:
	Date equipment scheduled:
	Staff signature:

