

Meeting Room Application

Date: _____

Name of Applicant: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home Telephone: _____ Business Telephone: _____

Name of Non-Profit Organization: _____

Organization classification under the Internal Revenue Code: _____

Meeting room requested:

Small Study Room Public Meeting Room (50 people)

Date needed (Must be at least 10 days in advance): _____

Time Start: _____ Time Finish: _____

Purpose of meeting: _____

Number of participants expected: _____

Equipment needed:

TV Internet DVD

I have read the attached Boone County Public Library 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 representation on behalf of my organization.

Signature: _____ Date: _____

FOR LIBRARY USE ONLY:

Tentative reservation by: _____ Date: _____

Confirmed reservation by: _____ Date: _____

Walk-through after meeting:

Staff _____ Participant _____