



Application for Use of Meeting Room

Name: _____

Organization: _____

Date Needed: _____

Type: Governmental Non-Profit Commercial Private

Will you be having light refreshments? Yes No

Will you be needing assistance with Technical equipment? Yes No

Will your program consist mainly of underage attendance? Yes No
If yes, please tell us how many attendees and how many chaperones.
Attendees _____ Chaperones _____

By signing this application you agree to the terms and conditions of the Policies for the Meeting Room of the Dr. Mark and Tonya Spivey Library.

Signature _____ Date _____

For Staff _____

Sent to Branch Manager for Approval _____ Initial

Branch Manager Approval _____ Yes _____ No

Signature _____

Applicant has been Notified of acceptance or denial. _____