Meeting Room Use Application

Name of organization/individual
__________________________________________

Address: _____________________________________________________

Phone: _______________________________________________________

Name of Contact: _____________________________________________

Contact Phone: _______________________________________________

Do you wish to meet: only once or twice ________ on a regular basis ________

Date(s) of meeting: ___________________________________________

Times(s) of meeting: __________________________________________

Estimated Attendance: _________________________________________

Program Description: __________________________________________

_________________________________________________________________

_________________________________________________________________

Planning to use A/V equipment? Yes_____   No_____

If using the Library’s A/V equipment the Applicant must be trained in advance.

Wardell Room set up fee: $25.

For other rooms, Applicant is responsible for setting up room and ensuring that all lights are off; thermostat is returned to automatic program; and chairs/tables are left as before use of room.

The Library will notify the Contact named above whether the meeting room and date(s) requested are available.

Agreement:
I have received a copy of the Scoville Memorial Library’s Meeting Room Policy and understand that once this Agreement is signed it signifies that my organization agrees to abide by the conditions specified therein.

_________________________________  _______________________
Signature  Date

FOR LIBRARY USE ONLY

Received by Library: ____________  Approved ________________
Rejected ____________  Notified ________________