

**BROWN COUNTY PUBLIC LIBRARY**

*phone 812 988-2850 ♦ fax 812 988-8119*

**MEETING ROOM APPLICATION**

ORGANIZATION NAME

I have read the meeting room policy and, as a representative or the organization requesting meeting room use, agree to abide by these policies.

\_\_\_\_\_  
Signature Date

Name of organization \_\_\_\_\_

Contact person \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Name of program as advertised, if applicable \_\_\_\_\_

Purpose of meeting \_\_\_\_\_

Requested date(s) \_\_\_\_\_

Time beginning \_\_\_\_\_ Ending \_\_\_\_\_ Number expected \_\_\_\_\_

Request use of kitchenette Yes \_\_\_\_\_ No \_\_\_\_\_

Request room set up No \_\_\_\_\_ Group members will be responsible.

Yes \_\_\_\_\_ \$25 fee will be assessed.

Number of chairs \_\_\_\_\_  
Tables \_\_\_\_\_

Other \_\_\_\_\_

**For a list of available equipment, please see library staff member.**

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**For office use only**

Approved / Denied by \_\_\_\_\_ Date \_\_\_\_\_

Assigned to room A (30) B (60) C (30)