

BROWN COUNTY PUBLIC LIBRARY

Telephone 812 988-2850 ♦ fax 812 988-8119

MEETING ROOM APPLICATION

ORGANIZATION NAME _____

I have read the meeting room policy and, as a representative of 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.

For office use only

Approved / Denied by _____ Date _____

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