Payment Status: Pending

Paid In Full

N/A



This application must be sign to the Library's Business Offi		l at least 48 hours prior to requested date of y 9:00am-4:30pm.	meeting room use
Name of Requestor:		Name of Organization:	
Name of Event:		Will this event be open to the public: Yes	No
Nonprofit: Yes/No	Other:		
Are you charging an admission fee	? Yes No	0	
Date Requested:	Tir	me Start: Time End:	
Please note: Setup and teardown o	are included in the tim	ne requested.	
Purpose for room rental:			
Anticipated attendance numbers: Number of tables / chairs needed:			
Contact person information (This information will be given to the general public if it is a public event):			
Name:		Phone:	
Email:			
Equipment Request:			
Large coffee maker	Small Keurig	Podium Presentation Easel	
White Board	Screen/Projector	Laptop Computer	
Preferred Meeting Room:			
Meeting Room 1:	Meeting Room 2	Meeting Room 3	
We will make every attempt to me	et requests, however,	, the Library reserves the right to assign rooms.	
Signature of Requester		Date	
Signature of Approver		Date	
Office Use Only			