

South Country Library
Community Room Application

For groups previously approved for use of the Community Room.

Instructions: Please complete and sign this application and return to the Reference Desk.

DATE of APPLICATION: _____

PART 1: Information about the ORGANIZATION	PART 3: Information about the MEETING ROOM REQUEST
Name of the Organization	What day and date would you like to meet? Day: _____ Date: _____
Address of Organization	What time would the meeting begin and end? (Rooms must be vacated by 8:30PM Mon-Fri, 4:30PM Sat/Sun)
Phone# of Organization	From: _____ To: _____
Contact # for the public	How many people do you expect to attend the meeting?
President/Chairperson – name & phone #	What will be the topic of the meeting?
PART 2: Information about YOU, the APPLICANT	Name of the Speaker (if applicable)
Your Name and phone #	

PART 4: Information about the ROOM SET-UP Community Room A & Room B can be joined to hold a maximum capacity 86 individuals seated in rows. Separately, Room A holds 42, has a projector, screen and kitchen access; Room B holds 44.	
	<input type="checkbox"/> Check here if set up is the same as previously and skip to Part 5.
How many chairs will be needed?	
How should the chairs be arranged?	<input type="checkbox"/> ROWS <input type="checkbox"/> TABLES HOW MANY TABLES? _____
Do you require other tables for display, materials, food, etc.?	<input type="checkbox"/> YES (IF YES, HOW MANY? _____) <input type="checkbox"/> NO
Are you serving refreshments?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you need access to the kitchen?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Is outside equipment (e.g. lap top) being brought in?	<input type="checkbox"/> YES specify: _____ (The library may not be able to provide or operate equipment.) <input type="checkbox"/> NO
Other items needed:	<input type="checkbox"/> Lectern/ Podium <input type="checkbox"/> DVD player <input type="checkbox"/> Blackboard/ Dry-erase board <input type="checkbox"/> Piano <input type="checkbox"/> Projector and screen <input type="checkbox"/> Other: _____

PART 5: APPLICANT SIGNATURE

I have read, understand and agree to the Library's Meeting Room Policy and Indemnification Agreement which I received previously. I understand that my signature commits the organization to abide by the Meeting Room Policy, particularly item #14, and Indemnification Agreement.

X _____
 Signature of Person Making Application

-----LIBRARY USE ONLY-----

Approved Disapproved

Signature of Director or Designee _____

Date: _____