

EASTERN SHORE PUBLIC LIBRARY MEETING ROOM USE APPLICATION

Application date: _____

Applicant/Organization Name, Address, and Website: _____

Type of Organization:

- | | |
|--|---|
| <input type="checkbox"/> Non-Profit | <input type="checkbox"/> Government or Government related |
| <input type="checkbox"/> Civic/Community Group | <input type="checkbox"/> Educational |
| <input type="checkbox"/> Religious | <input type="checkbox"/> Profit |
| <input type="checkbox"/> Informal gathering of people with like-interest | |
| <input type="checkbox"/> Other: _____ | |

Meeting Room/Area Requested: _____

Purpose (please refer to #1 in Meeting Room Use Policy):

Date(s) Requested: _____

Time meeting begins: _____ Time meeting ends: _____

Expected number of attendees: _____

- We would like to place take-away program promotional flyers in the library.

Special equipment needed:

- | | |
|--|---------------------------------------|
| <input type="checkbox"/> Digital projector | <input type="checkbox"/> Podium |
| <input type="checkbox"/> Laptop | <input type="checkbox"/> Utility cart |
| <input type="checkbox"/> Projector screen | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> DVD/Video player | |

Chair and table set-up:

Number of tables: _____ Number of chairs: _____

- Seating around tables
 Seating "auditorium" style, facing podium/front
 Other (sketch set-up on reverse of page)

A signed copy of this page will be returned to you.

I have read the Eastern Shore Public Library Meeting Room Use Policy and will comply with its specifications. I am authorized by my organization to sign this agreement.

Signed: _____

Name (print): _____

Title/Position: _____

Phone: _____ Cell: _____

Email: _____ Fax: _____

Address (if different from above): _____

Permission is hereby granted to use the library's meeting room for the above stated time and purpose in accordance with the Eastern Shore Public Library Meeting Room Use Policy.

Permission to use the meeting room is denied because of the following reason(s):

Special conditions or changes for use: _____

Signed: _____ Date: _____

Library Director

Note: It is recommended that you call the location 1-2 days prior to the reserved time to ensure set-up arrangements are clear.