EASTERN SHORE PUBLIC LIBRARY
MEETING ROOM USE APPLICATION

Application date: ______________________________

Applicant/Organization Name, Address, and Website: ________________________________
________________________________________________________________________________

Type of Organization:
☐ Non-Profit ☐ Government or Government related
☐ Civic/Community Group ☐ Educational
☐ Religious ☐ Profit
☐ Informal gathering of people with like-interest
☐ 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:
☐ Digital projector ☐ Podium
☐ Laptop ☐ Utility cart
☐ Projector screen ☐ Other: ________________________________
☐ 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.*