



ROOM USE APPLICATION

Application date: _____ **Date(s) Requested:** _____

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:

- E. A. Harlan McMath Literacy Center & Meeting Room (8 people) *Nassawadox, VA*
- Francis B. Latimer Children’s Study Room (3 people) *Parksley, VA*
- “Bea” Johnson Small Study Room (5 people) *Parksley, VA*
- Meeting Room (7 people) *Parksley, VA*
- Dennis R. Custis Lecture Hall (185 people) *Parksley, VA**

**See Meeting Room Policy for associated fees, if applicable.*

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

Time reservation begins: _____ **Time reservation ends:** _____

Expected number of attendees: _____

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
- 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): _____

Fee paid: n/a cash check addressed to: Eastern Shore Public Library

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.