Jackson-George Regional Library System
APPLICATION FOR USE OF LIBRARY MEETING ROOM (revised August, 2012)

Branch _____Mtg Rm_____ Conf Rm_____Other_____

Name of Organization:_____

Today's Date:_____Time:_____Approx Size of Group:_____

Type of Event: _____Kitchen Needed:( ) Yes ( ) No

Name:_____

Library Card Number:_____

Address:_____

_____

Phone: Day_____ Evening_____

e-mail_____

Second contact within organization: *(not required, but helpful if we have to call to cancel reservation)*

Name:_____ Phone:_____

Meeting Dates & Time (Indicate the time you need access to the room & time you will leave **after clean up**)

Date Needed	Start Time	Departure Time

It is the responsibility of the organization reserving the meeting space to see that each member follows all policies established by the Jackson-George Regional Library Board of Trustees. Your signature below indicates that you received a copy of the JGRLS Policies for Meeting Room Use and that you read them, understand them, agree to abide by these policies, and will share these policies with any others involved in organizing or leading the meeting(s) listed above.

_____ Date_____
Signature of group representative

Library Staff member taking reservation _____**Date**_____

Approved _____**Date**_____
Branch Manager signature

Reservation recorded and patron contacted by_____**Date**_____