

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 _____