Jackson-George Regional Library System
APPLICATION FOR USE OF LIBRARY MEETING ROOM (this form on 8½" x 14" paper)

Branch _____Mtg Rm_____ Conf. Rm_____Other_____

Name of Organization:_____

Today's Date:_____

Name of Chief Officer of Organization:_____

Address:_____

_____

Phone: Day_____ Evening_____

e-mail_____

Name of Individual completing this application if different from Chief Officer:

Name:_____

Address:_____

_____

Phone: Day_____ Evening_____

e-mail_____

Meeting Dates & Time

Approx. Size of Group:_____ Kitchen Needed: ( ) Yes ( ) No

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

Date Needed	Time needed	Time out

It is the responsibility of the organization to see that each member follows the policies as established by the JACKSON-GEORGE REGIONAL LIBRARY BOARD OF TRUSTEES and the local library advisory board.

Each application must be signed by a representative of the organization and approved by the library's branch manager before meetings can be scheduled.

Note: Meeting Room use is contingent on your return of a signed copy of the meeting room policies.

Signature acknowledges all of the above:

Library Staff member taking reservation _____Date_____
Recorded on calendar or in meeting room book_____
Branch Manager (PIC) _____Date_____

2005/mj