STAUNTON PUBLIC LIBRARY

Application For Use Of Meeting Room

Name Of Group:_____

Dates Of Use:_____Time Requested:_____Room Requested:_____

Types Of Group: Civic_____Educational_____Social_____Religious_____Other____

Describe If Necessary:_____

Purpose Of Meeting:_____

Contact Person:_____

Address:_____Zip_____

Telephone: Business (___)_____ Home (___)_____

Email Address_____ Website_____

Will refreshments be served? _____ Groups must have special approval to serve refreshments. Groups are also responsible for clean-up.

The undersigned, on behalf of the above organization, has read and agrees to comply with the policy and procedures governing public use of library meeting rooms. The applicant also accepts full liability for any damage to facilities or equipment, and agrees to confine the organization's activities to the assigned room.

The Staunton Public Library will not be responsible for any materials or equipment left in the building.

The Library reserves the right to request proof of 501(c)(3) status.

Date of Application: _____ _____

Signature/Name of Applicant

Approved By Coordinator: _____