COLUMBUS PUBLIC LIBRARY
MEETING APPLICATION

DATES/TIME NEEDED: _____
SAMPLE: 3/20/08 1:00-4:00

CONTACT PERSON: _____

LIBRARY CARD #:_____

TELEPHONE NUMBER: _____

_____ Meeting Room **_____ Lawn** ***(check one)***

NAME OF ORGANIZATION: _____

PRESIDENT/CHAIR OF ORGANIZATION: _____

PURPOSE OF MEETING:
_____
_____
_____

SPEAKER/ENTERTAINER: _____

SPECIAL NEEDS:
- ❑ Want to serve refreshments
- ❑ Want to rent audio visual equipment (keep rental form and meeting room form together)
- ❑ Want to use TV and VCR
- ❑ Want to use cassette player recorder
- ❑ Eraser board markers and eraser
- ❑ Other: _____

Abuse of the privilege to use the meeting room or lawn may result in the group or organization in their being denied use in the future. Repair of any or all damage is the responsibility of the group or individual using the meeting room.

I have read the meeting policy and agree to abide by it.

Signature of Applicant **Staff Initial**

OFFICE USE:
Application: Approved _____
Denied_____ **Director _____**