



MEETING ROOM APPLICATION & AGREEMENT FORM

201 S. Center St., Marion, Texas 78124 | (830) 420-4022
mcommunitylibrary@gmail.com | www.mariontxcommunitylibrary.com

Prior to applying, please read and review the attached library's "Meeting Room Policy". All fields must be filled in completely and signed and dated below.

Confirmation will be sent once DEPOSIT has been PAID.

APPLICANT/GROUP INFORMATION

Organization	
Name Applicant	
Phone Number	
Email Address	

MEETING INFORMATION

Proposed Use of Room:		# of expected attendees:
☐ Single Use:	Meeting Date:	
	Start Time:*	End Time:*
☐ Multiple Use:	Meeting Dates: (use back of form for additional dates)	
	Start Time:*	End Time:*

****This includes time you need for meeting set-up and post-meeting cleanup.***

NEEDS

Check any additional equipment, if needed:

☐ Podium	☐ Microphone	☐ Smart TV	☐ Outside Area
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I have reviewed the library's "Meeting Room Policy". I will fully abide and adhere to said policy and guidelines and take full responsibility for the proper use of the meeting room. In the event of injury, the organization waives the right for any of its meeting attendees to sue the library.

Applicant Signature

Date

FOR STAFF USE ONLY:

Application Received via: In-person ☐ Email ☐ Date: _____

\$25 Refundable Deposit Received via: Cash ☐ Check # _____ ☐
or Money Order # _____ ☐

Does organization have Non-Profit Status? (Circle One) YES or NO

Confirmation Email & Access Code(s) Sent: Date: _____ Staff Initials: _____

***For additional dates up to a 6-month period.**

Meeting Date:	
Start Time:*	End Time:*

Meeting Date:	
Start Time:*	End Time:*

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Start Time:*	End Time:*

Meeting Date:	
Start Time:*	End Time:*

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Start Time:*	End Time:*

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Start Time:*	End Time:*

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**This includes time you need for meeting set-up and post-meeting cleanup .*