

MCLA Form 04/2024

MEETING ROOM APPLICATION & AGREEMENT FORM

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.

<u>APPLICANT/GR</u>	<u>OUP</u>	INFORMATION					
Organization Nar	ne						
Applicant Name							
Phone Number							
Email Address							
MEETING INFO	RMA	ATION					
Proposed Use of Room:					# of expected attendees:		
□Single Use:	Mee	Meeting Date					
	Start Time:* End Time:*						
□Multiple Use:	Meeting Dates:			(use back of form for additional dates)			
	Star	t Time:*		End T	ime:*		
This includes time	you n	eed for meeting set-up a	nd post-	meeting	g cleanup		
Check any additional ed ☐ Podium		□ Microphone		□ Smart TV		□ Outside Area	
guidelines and take f	ull res	y's "Meeting Room Polic sponsibility for the prope ght for any of its meeting	r use of	the mee	ting room. In		
Applicant Signature				Date			
OR LIBRARY USI	E ON	LY					
application recei	ved	by: Date:					
325 Deposit □Ca □501(c		Check# □Money Non-Profit Determination					
onfirmation em	ail &	access code(s) sen	t by:	Di	ate:		

For additional dates up to a 6-month period

Meeting Date:		
Start Time:*	End Time:*	
	-	
Meeting Date:		
Start Time:*	End Time:*	
Meeting Date:		
Start Time:*	End Time:*	
Masting Data:		
Meeting Date:		
Start Time:*	End Time:*	
Meeting Date:		
	F 1T' *	
Start Time:*	End Time:*	
Meeting Date:		
Start Time:*	End Time:*	
Meeting Date:		
Start Time:*	End Time:*	
Meeting Date:		
Start Time:*	End Time:*	
Meeting Date:		
Start Time:*	End Time:*	
Meeting Date:		
Start Time:*	End Time:*	

^{*}This includes time you need for meeting set-up and post-meeting cleanup