Jackson-George Regional Library System
APPLICATION FOR USE OF LIBRARY MEETING ROOM

Branch _____Mtg Rm_____ Conf Rm_____Other_____

Name of Organization:_____

Today's Date:_____Time:_____Approx Size of Group:_____

Type of Event: _____Kitchen Needed:( ) Yes ( ) No

Name:_____

Library Card Number:_____

Address:_____

_____

Phone: Day_____ Evening_____

e-mail_____

Second contact within organization: *(not required, but helpful if we have to call to cancel reservation)*

Name:_____ Phone:_____

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

Date Needed	Start Time	Departure Time

It is the responsibility of the organization reserving the meeting space to see that each member follows all policies established by the Jackson-George Regional Library Board of Trustees. Your signature below indicates that you received a copy of the JGRLS Policies for Meeting Room Use, read them, understand them, and agree to abide by these policies.

_____ Date_____
Signature of group representative

Library Staff member taking reservation _____Date_____

Approved _____Date_____
Branch Manager signature

Reservation recorded and patron contacted by_____Date_____