

**Fluvanna County Public Library
Meeting Room Use Application Form**

- Scheduling requests will not be accepted more than 3 months in advance.
- Your request is not scheduled until you receive confirmation from the Library

Organization Name: _____

Responsible Party's Name: _____

Address: _____ City/State/Zip: _____

Phone (day): _____ (evening): _____

(cell): _____ (fax): _____

E-mail: _____

Date(s) of Meeting: _____ Time: _____

Purpose of Meeting: _____

Equipment Needed: _____ Approximate Attendance: _____

<u>Room</u>	<u>Room</u>	<u>Available Seating</u>
_____	Meeting Room A (kitchenette)	50 people
_____	Meeting Room B (pull-down screen)	50 people
_____	Meeting Room A/B	100 people
_____	Conference Room	4-6 people

Do you plan to serve refreshments?

Yes _____ No _____

Expected fees and purpose for them: _____

I have read and agree to abide by the Meeting Room Use Policy and confirm that this room will not be used for commercial purposes and will be left in the condition it was found: which includes returning the furniture to where it was found and cleaning up after the meeting.

Signature of responsible Party or Designee: _____

Print Name: _____ Date: _____