

West Hurley

Public Library

MEETING ROOM REQUEST FORM

PLEASE PRINT	Date
Name of Group	
Name of Person Applying	
Address	
City, State, Zip	
Phone ext: email address	
My organization is a Nonprofit Government Other Other	
Event Date(s) Event Time(s) START	_ END
Estimated Number Attending:	
Will you need to meet regularly? NO YES If yes, specify frequency:	
Is a board member or staff member prepared to sponsor the meeting if it hours? NO TYES THE IT IS NO THE IT IS NO THE IT IS NO THE IT IS NO THE IT IS NOT THE	•
Your organization is responsible for meeting room set-up and breakdown Library does not provide refreshments.	. The West Hurley
Equipment needs must be specified in advance. Please indicate your equipment	at needs:
Tables Projector Easel	
Chairs Laptop Coffee Maker	
The meeting room policy and application may be found on the librate http://westhurleylibrary.org/meetingroom.htm	rary website:
LIBRARY USE ONLY	
Date Request Rec'd: Confirmed Receipt By Staff:	
Staff Contact: Name:	
Notes:	