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 ☐ ___________________________

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 occurs after library
hours?  NO ☐ YES ☐
If yes, who is the responsible party? _________________________________________________

Your organization is responsible for meeting room set-up and breakdown. The West Hurley
Library does not provide refreshments.

Equipment needs must be specified in advance. Please indicate your equipment needs:

___ Tables               ___ Projector              ___ Easel

___ Chairs              ___ Laptop                ___ Coffee Maker

The meeting room policy and application may be found on the library website:

http://westhurleylibrary.org/meetingroom.htm

LIBRARY USE ONLY

Date Request Rec’d: ____________ Confirmed Receipt By Staff: ________________________

Staff Contact: Name: _____________________________________________________________

Notes: _________________________________________________________________________

_______________________________________________________________________________