



Date of Application: _____

Name of Organization: _____

Is your Organization Non-Profit? _____ Yes _____ No

Date & Time of Meeting: _____

Hours Available: Monday – Thursday 11:00 am to 6:30 pm
Friday & Saturday 12:00 pm to 4:30 pm

****Remember to include set-up & take down. Must be Finished 20 min prior to closing.**

Purpose of Your Meeting: _____

Will Refreshments be Served: _____

Estimated Attendance: _____
(25 people maximum)

Name of Applicant: _____

Contact Number: _____

Contact Email: _____

Mailing Address: _____

By Signing below, I hereby acknowledge that:

- All events must end 20 minutes prior to Library Closing
- I have read and agree to follow the Meeting Room Policy of Thomas Lee Hall Library.

Applicant Signature

<p>For Library Use Only:</p> <p>Taken By (initials): _____</p> <p>Approved _____ Denied _____</p>
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