

Weedsport Free Library

Meeting Room Application

(Complete all sections below)

ORGANIZATION INFORMATION

Organization Name_____

Organization Address_____

Purpose of Organization_____

APPLICANT INFORMATION

Name & Title of Applicant_____

Telephone Number_____ Best Time to Call_____

Cell Phone Number_____

MEETING INFORMATION

Date Requested_____ Day of week_____

Time: From_____ To_____

Purpose of Meeting_____

Expected Attendance_____ May not exceed occupancy limit.

I have read and understand the "Rules for Meeting Room Use" and agree to abide by them.

Print Name_____ Organization_____

Signature_____ Date_____

Request Approved____ Request Denied____

Library Director's Signature_____