

PUBLIC LIBRARY FOR UNION COUNTY
255 Reitz Boulevard
Lewisburg, PA 17837

Application for Use of Meeting Room

Date of Application: _____

Name of Organization: _____

Name of Individual Filing Application: _____

Address: _____

Home Phone: _____ Business Phone: _____

Email Address: _____

Estimated Attendance for Use: _____

Date(s) to Reserve: _____

Time(s) to Reserve: _____

Name of Program: _____

Brief Description: _____

Room Requested:

_____ Meeting Room A & B (100 Occupancy)

_____ Meeting Room A (25 Occupancy)

_____ Meeting Room B (75 Occupancy)

Equipment Requested:

*Indicates training required prior to meeting date

_____ Podium

_____ DVD/Computer Projector *

_____ Corded Microphone*

_____ Laptop*

_____ Whiteboard/Flip Chart Easel

_____ Tables and Stacking Chairs

_____ Cordless Microphone/Lapel*

_____ Hearing Impaired Ear-phones*

_____ Kitchenette space

The undersigned after reviewing the meeting room policy, on behalf of the above organization, agrees to inform participants of all regulations governing the use of the meeting room, to accept full liability for any damage to facilities or equipment, and to confine the organization's activities to the assigned room.

Signature of Applicant _____ Approved by: _____