

HERR MEMORIAL LIBRARY  
500 Market Street  
Mifflinburg PA 17844

Application for Use of Community 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:**

- \_\_\_\_\_ Upstairs Community Room (29 Occupancy)
- \_\_\_\_\_ Downstairs Study Room A (6 Occupancy) Teens only
- \_\_\_\_\_ Downstairs Study Room B (6 Occupancy) Teens only

**Equipment Requested:**

\*Indicates training required prior to meeting date

- |                                   |                                  |
|-----------------------------------|----------------------------------|
| _____ Podium                      | _____ Tables and Stacking Chairs |
| _____ Whiteboard/Flip Chart Easel | _____ Kitchenette space          |
| _____ Laptop*                     |                                  |

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: \_\_\_\_\_