

**MOFFAT LIBRARY OF WASHINGTONVILLE
MEETING ROOM USE APPLICATION & AGREEMENT**

MEETING ROOM USE APPLICATION

Please Provide All Requested Information (* = required field)

* Name of Organization, Group, or Individual who will be using the Library Meeting Room Space:

* Street Address: _____ City: _____ Zip: _____

* Contact Name(s) / Person(s) Responsible: _____

* Contact Email: _____ * Contact Phone: _____

* Purpose of meeting room use (please describe) : _____

* Date needed (if multiple dates are needed, please submit a separate form for each date): _____

* Time needed (when – when): _____ - _____ * Number expected to attend: _____

* Which room are you looking to use? (Please check one)

Large Meeting Room (seats 20) _____ Small Conference Room (seats 6) _____

* Is there any specific A/V equipment that you will require? Yes / No

If so, please note: _____

MEETING ROOM USE AGREEMENT

I have received and read a copy of the Moffat Library of Washingtonville *Meeting Room Use Policy* and agree to abide by the policies and rules of use contained within.

* Applicant's Name (PLEASE PRINT): _____

Applicant's Address (if different from above): _____

Applicant's Phone Number(s) (if different from above): _____

* Applicant's Signature: _____ Today's Date: _____

This form must be completed and submitted at least 30 days in advance of requested date of use.

Applicant will be notified of availability within 5 working days of submission.

Please return completed forms to:

Moffat Library or email to: moffat@rcls.org (subject: MEETING ROOM USE REQUEST)

For office use only: Approved/Not Approved (circle one) on Date: _____ Staff Initials: _____