

Application for Twin Lakes Meeting Room

**Reservations are limited to two meetings per month, per branch, per organization or individual.
Walk-in use without a reservation is on a first-come, first-serve basis and is unlimited.**

Name of Group: _____ Purpose of Use: _____

Authorized Representative: _____ Phone: _____

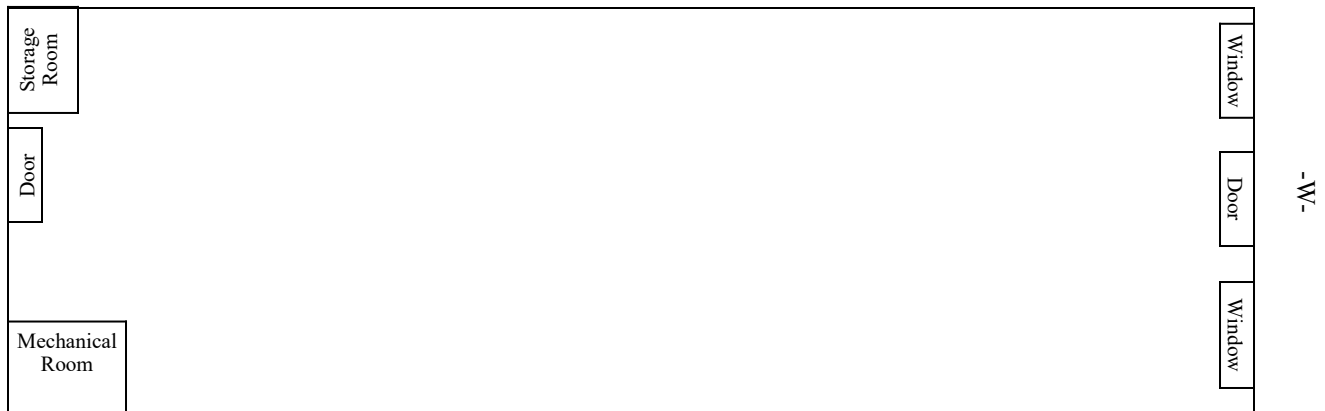
Address: _____

Date of Activity: _____ Start Time: _____ End Time: _____ Expected Attendance: _____

Required Equipment

Number of tables (8 available) _____ Number of chairs (60 available) _____ Coffee pot (supplies not provided) _____

Please fill in diagram below with requested setup of tables and chairs. -S-



I have received the Community Library *Public Room Use Policy*. My signature on this form indicates I have read and accept the responsibility of this policy.

Signature _____ Date _____

Staff use only

Return completed forms to:

- Adult & Youth programs to the Public Services Manager
- All other room use forms to Admin at SA

Program attendance _____

Staff use only

Date of program: _____

Day of program: _____

Time of program: _____

Entered in Evanced: Staff initials: _____

Library Reservation Walk-in Use