

Application for Meeting Room Use

Delaware County District Library



Today's Date _____

Location Requested: Delaware (max=70) Orange (max=48)

Date Requested _____ Hours Requested _____

Name of Organization _____

Applicant's Name _____ Applicant's Telephone _____

Applicant's Address _____ City _____

State _____ Email _____

Event Details

Purpose of Meeting (be specific) _____

Number of People Expected _____

How do you plan on promoting this meeting? _____

Please provide the library with a copy of ALL promotional materials (includes fliers, press releases, and posters) at least one month prior to event date.

NO MEETINGS WILL BE SCHEDULED MORE THAN 3 MONTHS FROM TODAY'S DATE.

The Library's Board of Trustees reserves the right to limit meeting room use. Application for the meeting room does not automatically assure its use. The applicant will receive confirmation or denial of the application via email or mail.

I have read and agree to the Meeting Room Use Policy (attached):

(Signature of applicant)

(Date)

Because the Delaware County District Library takes your privacy seriously, any personal information shared with the Library will only be used for the administration of library services, and will not be shared or sold.

Staff Instructions

Please check, initial and date appropriately.

Applicant given Meeting Room Use Policy yes no

Initial _____ Date _____

Approved Denied

Initial _____ Date _____

Notification Sent _____

Initial _____ Date _____

Date(s) entered in Meeting Room book _____

Initial _____ Date _____

Application taken by _____

Initial _____ Date _____