

## **CATOOSA COUNTY LIBRARY Multi-Purpose/Meeting Room Request**

Name of Organization:	
Purpose of Meeting:	
Meeting Start Time:	Meeting End Time:
Meeting Date:	Expected Attendance:
Special Needs or Equipment: T	V/DVD Chairs Table
Name of Representative:	
Address:	
	Email:
Library Card # (if you have one	e):
Alternate's Phone:	Alternate's Email:
We will not charge for this mee money-raising. All applicants n encourage you to apply for one Any damage caused by the mee indicates that I agree to ensure meeting room use. I have recei Policies." I acknowledge that a the group/organization. Said ch porch privileges.	eting room must meet all of the following: We are a not-for-profit organization. ting. Our meeting/program is non-commercial: no solicitations, sales, or nust be 18 years of age or older. A library card is not required; however, we If you do have one it must be in good standing (no fees or fines of \$10 or more sting will be charged to the person representing the group. My signature below that my organization will abide by the policies of the library with regard to ved a copy of the "Catoosa County Library Multi-purpose/Meeting Room/Pationary damage done to the room may result in charges to me as the representative of arges could also result in the loss of future multi-purpose/meeting room and
Office use only:  Approved Denied Reason if of	lenied:
Signature of Library Administration:	<u> </u>