

Business/Organiza	ntion Name				
Function_					
Contact Person					
Business Address_					
Phone #	F	Fax #	2 nd #		
Date		Time	(am) (pm) until	(am) (pm)	
Number of Attende	eesL	ibrary Card #			
Single Meeting: Ti Recurring Meeting	imeg: Time(s)	Da	te		
Room/Location	:				
	Meeting Room □ Small e Meeting Room □ Smal g Room		DE Room □ Davidson	Boardroom	
understood that t	oup is responsible for arriche meeting room should y closes. Groups may not	be left in order and	d as clean as found. All		
Main LiEast Ho	nours are as follows: ibrary Monday - Thursdanna Monday - Thursdanna Monday - Thursdanna - Thurs	ay 8:30 am to 8:30	pm Friday & Saturday	8:30 am to 4:30 pm	
• \$25.00 pe	es (For Profit Businesser hour for meeting room or hour small conference	with access to; sin			s 12 or
Room \$	x # of hours	= \$	Total		
	nnizations must provide pylaws or constitution.	proof of non-profit	status with a non-profit	tax certificate or wit	th the
	ns are for educational pulucts or services or the so				on of
I have read and a	agree to abide by the mee	eting room rules est	tablished by the Library	Board of Control.	
			Applicant		
Appro	oved by		Date		