

Business/Organization Name				
Function_				
Contact Person				
Business Address				
Phone #	Cell #	Ema <u>il</u>		
Date	Time	(am) (pm) until	(am) (pm)	
Number of Attendees	Library Card #			
Single Meeting: TimeRecurring Meeting: Time(s)	Da	tete(s)		
Room/Location:				
East: ☐ Meeting Room (Cap NOTE: Each group is respon meeting room should be left	om (Capacity 100) Small Meeting acity 25) sible for arranging the meeting room in order and as clean as found. A must be over 30 minutes before the 1	as needed, putting out ar All trash must be remov	ed and brought to the circul	lation or
• East Houma Monda	follows: lay - Thursday 8 am to 8:30 pm Frid y - Thursday 8:30 am to 8:30 pm Frid lay - Thursday 8:30 am to 8:30 pm I	riday & Saturday 8:30 am	to 4:30 pm	pm
Room Usage Fees (For Prof	• /			
	eeting room with access to; sink, pod conference room (Main) seats 8 or le			
Room \$x # o	f hours= \$	Total		
Non-profit organizations organization's bylaws or co	must provide proof of non-profit onstitution.	status with a non-profi	t tax certificate or with the	
	educational purposes. Programs is vices or the solicitation for the fu			
I have read and agree to ab	ide by the meeting room rules est	tablished by the Library	Board of Control.	
		Applicant		
Approved by		Date		

or