

ATLANTIC PUBLIC LIBRARY

Meeting Room Application

DATE(S) OF MEETING: _____

All applications must be submitted on this form, or on the Library's online meeting room system.

NAME OF GROUP: _____

CONTACT PERSON: _____

CONTACT PHONE: _____ **CONTACT EMAIL:** _____

PURPOSE/FUNCTION: _____

TIME OF MEETING/FUNCTION: _____

Note: Please schedule your meeting to allow for cleanup. You are expected to be done in the meeting room at least 30 minutes prior to closing.

ANTICIPATED ATTENDANCE: _____

MEETING ROOM OPTIONS:

MEETING ROOM A

MEETING ROOM B

COMMUNITY ROOM

EQUIPMENT OPTIONS:

KITCHENETTE

PROJECTOR

PROJECTION SCREEN

Note: Outside food or beverage items are only permitted in the meeting rooms.

Note: Staff will set up and tear down Library equipment.

ADDITIONAL REGULATIONS:

There are no permanent, standing reservations for meeting rooms. Reservations are accepted up to three (3) calendar months in advance, and are processed on a first-come, first-served basis, with the exception of Library programs.

Submitting this application or requesting a room online does not mean the requested room is set aside. The request must still be approved.

ACKNOWLEDGEMENT AND CERTIFICATION:

I hereby certify that the information provided on this application form is complete and accurate. I understand and acknowledge that I am the official representative of and contact person for my group, and that I am accepting financial responsibility for any damage to property and/or equipment that may result from my group's use, the consequences of which may include fines and/or loss of privileges.

I have read and agree to adhere to the Meeting Room Policy.

NAME (PRINT): _____

SIGNATURE: _____ **DATE:** _____

OFFICE USE ONLY: APPROVED: YES NO DATE: _____ INITIALS _____ ENTERED ONLINE DATE: _____
NOTES: _____