

**KAUBISCH MEMORIAL PUBLIC LIBRARY
APPLICATION FOR MEETING ROOM USE**

Today's date _____

Organization Name _____

Purpose of Meeting _____

Contact Name(s) _____

Position in organization _____

Address _____

Phone _____ E-mail _____

Date Room Requested _____ Day of week _____

Time meeting begins _____ Time meeting ends _____

Room requested: FRUTH ROOM _____ MCCLEAN ROOM _____

Expected attendance (for statistical purposes) _____

Will refreshments be served? Yes No (Group responsible for cleanup)

Resources Needed _____

The applicant and attendees agree to abide by all rules for using the library's meeting rooms. The library will not be responsible for damage or loss of materials used or left in the library.

Signature of applicant _____