

LIBRARY MEETING ROOM APPLICATION

Name: _____
Individual, Organization, or Group

Person making request: _____

Address: _____

Email: _____ Phone: _____

Date or dates requested: _____

Time and length of meeting[s]: _____

Expected attendance: _____

Will there be any charges levied for materials provided or used during the meeting? _____

If yes, please list materials: _____

I have read the Pittsylvania County Public Library meeting room policy, and will be responsible for abiding by all the rules set forth in the policy. I understand that the meeting rooms are for the use of nonprofit public gatherings of a civic, cultural, or educational nature, and that the room is **not** available to any individual or organization selling goods or services of any kind as a result of the meeting.

Signature: _____

Date: _____

Director/branch manager approval: _____