

East Palestine Memorial Public Library  
Application for Use of Community Room

Date of Application \_\_\_\_\_

Name of Organization \_\_\_\_\_

Non-Profit Organization? Yes No

Purpose of the Meeting \_\_\_\_\_

President's Name \_\_\_\_\_

Phone \_\_\_\_\_

Date(s) Requested \_\_\_\_\_

Time of Meeting \_\_\_\_\_ AM to \_\_\_\_\_ AM

\_\_\_\_\_ PM to \_\_\_\_\_ PM

Size of Group \_\_\_\_\_ (Limit of 50)

Library Services Requested:

- \_\_\_\_\_ Number of Tables
- \_\_\_\_\_ Number of Chairs
- \_\_\_\_\_ TV with DVD/VHS
- \_\_\_\_\_ Slide Projector
- \_\_\_\_\_ DVD with Digital Projector
- \_\_\_\_\_ Topical Book Display
- \_\_\_\_\_ Tour

**The signing of this application form constitutes an agreement by the undersigned to adhere to the rules of the Community Room Policy and to ensure that no member of the group violates the rules set forth.**

Signature \_\_\_\_\_

Title \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Email \_\_\_\_\_

Application Approved \_\_\_\_\_

Denied \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_