

CITY OF TONAWANDA PUBLIC LIBRARY MEETING ROOM APPLICATION

(Please fill out and return to Library Director or a designated member of the staff)

Organization Name: _____

Organization Address: _____

Purpose of Organization: _____

Contact Person Information Name & Title:

Address: _____

Email: _____

Telephone: _____ Best time to call: _____

Date Requested: _____ Day of Week: _____

Time: From _____ To _____

Purpose of Meeting: _____

Expected Attendance: _____ (maximum capacity is 41)

Special Needs: Tables ____ (number ____) Projector Screen ____

Other: _____

A copy of all publicity materials that will be published or distributed in connection with the proposed use of the Meeting Room are attached and all of those materials contain the following disclaimer: The views expressed are solely those of the author/speaker/presenter and do not necessarily reflect the views of, and should not be attributed to, the City of Tonawanda Public Library. I have read and understand the Meeting Room Rules of Use including the requirement that no products, services, or memberships may be advertised, solicited, or sold while using the Meeting Room. I have the authority and do hereby agree to all of the Meeting Room Rules of Use on behalf of the organization named above. I also agree to abide by the Meeting Room Rules of Use as the responsible party for this use.

NAME _____ DATE _____

SIGNATURE _____

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Approved \_\_\_\_yes\_\_\_\_no

Signature of Library Representative \_\_\_\_\_ DATE \_\_\_\_\_

***Approved by the City of Tonawanda Public Library Board 6/17***