



**LANCASTER PUBLIC LIBRARY
MEETING ROOM APPLICATION**

Please submit at least two weeks in advance.

Organization Name: _____

Organization Address: _____

Purpose of Organization: _____

Select one: Organization is: ____ Non-profit ____ For-Profit ____ Government Agency

Name & Title of Applicant: _____

Address: _____

Telephone number: _____

Email: _____

Program Name: _____

Date requested (day, month, date and year): _____

____ Recurring Meeting?

Start time: _____ End Time: _____

Describe program in detail: _____

Expected attendance: _____

Does your organization require any special accommodations? If yes, please list:

☐ I agree that I have read the Lancaster Public Library's "Meeting Room Policy" and "Meeting Room Rules of Use" and agree, on behalf of the applying organization, to be bound by the terms of use set forth therein, including acceptance of liability for personal injury, damage to library facilities and/or loss of library property arising from use of the meeting room by the applicant. I also agree to provide accessibility accommodations (e.g. assistive listening devices, interpreters, etc.) for participants as necessary.

NAME

DATE

SIGNATURE

NAME OF ORGANIZATION

Library Use Only

Application: (circle one) Approved or Rejected.

Staff Signature: _____ Date: _____