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 ____________________________________________________________________

~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~

Approved _____yes_____no

Signature of Library Representative________________________________________ DATE________

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