Clayton County Library System Meeting Room Application

(Use of the meeting rooms must be in compliance with ADA requirements.)

GENERAL INFORMATION

Name of Group/Doing Business As: ________________________________

Contact Person: ________________________________ Position: ________________________________

Address: _______________________________________________________

City, State, Zip Code: ________________________________

Email: _______________________________________________________

Phone: Home: ___________________ Cell: ___________________ Fax: ___________________

Library Card Number: ________________________________

(The contact information above may be given to any person inquiring about this meeting.)

MEETING ROOM LOCATION

Library Location: ____________________________________________
Room: _____________________________________________________

Detailed Reason for Room Request:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

REQUEST INFORMATION

(Meeting Room Application must be received at least two (2) weeks prior to the event.)

<table>
<thead>
<tr>
<th>DATE:</th>
<th>DAY:</th>
<th>TIME FROM:</th>
<th>TO:</th>
</tr>
</thead>
<tbody>
<tr>
<td>DATE:</td>
<td>DAY:</td>
<td>TIME FROM:</td>
<td>TO:</td>
</tr>
</tbody>
</table>

REQUEST FOR TABLES AND CHAIRS

____ 6ft Rectangular Tables  Quantity: __________  ____ Chairs  Quantity: __________

(Each group is responsible for arranging the room in the manner in which they find most appropriate for their meeting, as well as leaving the room in the manner in which it was found.)
I HAVE READ THE REGULATIONS GOVERNING USE OF THE MEETING ROOMS AND THE LIBRARY SYSTEM’S CODE OF CONDUCT AND AGREE TO ABIDE BY THE CONDITIONS SET FORTH. I UNDERSTAND AND AGREE THAT FEES FOR DAMAGE TO THE FACILITY WILL BE ASSESSED TO MY LIBRARY CARD RECORD. I ALSO UNDERSTAND THAT PERMISSION TO USE A LIBRARY MEETING ROOM DOES NOT IMPLY ENDORSEMENT OF THE AIMS, POLICIES, OR ACTIVITIES OF ANY GROUP OR ORGANIZATION.

SIGNATURE: ____________________________

DATE: ________________________________

STAFF USE ONLY:

☐ APPROVED ☐ DENIED

DATE REVIEWED: _________________

REVIEWED/APPROVED BY: ________________________________

NOTES:

________________________________________________________________________

________________________________________________________________________