

Watauga County Public Library

APPLICATION FOR MULTIPURPOSE/MEETING ROOM USE

Organization or Group Name: \_\_\_\_\_

Specific Date and Time Requested:

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Refreshments Served: No \_\_\_\_\_ Yes \_\_\_\_\_

I have read the Appalachian Regional Library Policy on the use of its meeting rooms and agree to comply with all regulations. I understand that failure to comply with such regulations may results in termination of the right to use the library meeting room facilities. I also understand that the library is not responsible for equipment, supplies, materials, or any personal possessions owned or leased by those sponsoring or attending the above meetings.

For groups staying late, the person signing this form is responsible for ensuring that he/she or the last person out shuts the back meeting room door completely.

YES NO Members of the public are invited to this meeting.

PLEASE NOTE: The meeting room application of meetings to which members of the public are invited will be considered part of the public record and will not be considered confidential patron records.

PLEASE ALSO NOTE: No meeting may be closed to the public except for meetings held by government groups or paying non-profit groups.

If you circled NO, please indicate if the Library may give your name and telephone number to anyone inquiring about this program: Yes No

By signing this application, I realize I will be held responsible for ensuring that any oral or written promotions of the above meeting will include a special accommodation for the disabled.

Applicant signature \_\_\_\_\_

Applicant name printed \_\_\_\_\_

The Library may give my name and telephone number to anyone inquiring about this program: Yes No

Applicant address \_\_\_\_\_

Applicant Telephone Number \_\_\_\_\_

Applicant Email Address \_\_\_\_\_

Position in above organization \_\_\_\_\_

Date of receipt of application \_\_\_\_\_

County Librarian Signature \_\_\_\_\_ Date \_\_\_\_\_