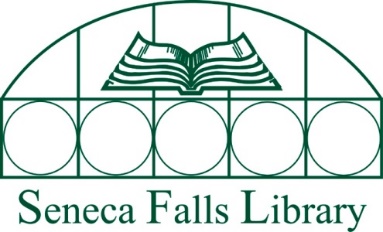
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**Application for Meeting Room Use**

Organization Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Planned Meeting: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Time of Planned Meeting: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How may will be attending? \_\_\_\_\_\_\_\_

Will you need to use the kitchen? Yes No

Non-Profit Status? Yes No

Will you require: \_\_\_\_ Whiteboard \_\_\_\_ Laptop Computer\*

\_\_\_\_ DVD/TV\* \_\_\_\_ LCD Projector\*

\*\* Please note: Equipment may not be compatible with all computers or devices.\*\*

Describe your group and the planned meeting:

By signing below, you are agreeing to comply with the Seneca Falls Library’s Meeting Room Use policy, including a prohibition against charging attendees any fee in connection with your program:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

Signature Date