



TOWNSHIP LIBRARY OF  
LOWER SOUTHAMPTON

# Township Library of Lower Southampton Meeting Room Request Form

## Applicant Information

Participating Organization: \_\_\_\_\_

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

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

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

## Room

Meeting Date: \_\_\_\_\_ Approx. Attendance: \_\_\_\_\_

\*Additional dates to be noted on reverse

Starting Time: \_\_\_\_\_ Ending Time: \_\_\_\_\_

\*2 hour minimum (Must include set up and take down)

Description of Event: \_\_\_\_\_

\_\_\_\_\_

Room Fee (\$60.00/2 hours) \_\_\_\_\_ Equipment Rental (\$25.00) \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

## Applicant Statement

*I have read the policy for use of the meeting room space and agree to comply with all rules. I understand that Library programs and service take priority and may force cancellation of other scheduled meetings or events.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### FOR OFFICE USE ONLY

Total Fee Paid: \$ \_\_\_\_\_ Date Received: \_\_\_\_\_

Staff Initials: \_\_\_\_\_ COI Received: \_\_\_\_\_

