



Township Library of Lower Southampton John W. Pawling Community Room Rental 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: _____

