



Weedsport Free Library

Meeting Room Application (Complete all sections below)

ORGANIZATION INFORMATION

Organization Name _____

Organization Address _____

Purpose of Organization _____

APPLICANT INFORMATION

Name & Title of Applicant _____

Email Address _____

Telephone Number _____ personal / business

MEETING INFORMATION

Date Requested _____ Day of week _____

Time: From _____ To _____

Purpose of Meeting _____

Expected Attendance _____ (May not exceed occupancy limit of 29)

Additional Information: _____

I have read and understand the "Rules for Meeting Room Use" and agree to abide by them.

Print Name _____ Organization _____

Signature _____ Date _____

Office Use Only:

Request Approved ____ Request Denied ____ Library Director's Signature _____