

The Demopolis Public Library  
211 East Washington Street  
Demopolis, Alabama 36732  
334-289-1595  
Fax: 334-289-8260

Meeting Room Form: Date: \_\_\_\_\_

Please circle meeting room organization wants to reserve.

Meeting Room (1<sup>st</sup> Floor)      Office/Meeting Room (1<sup>st</sup> floor)      Conference Room (2<sup>nd</sup> floor)

Date of meeting: \_\_\_\_\_ Reservations cannot be made for more than a year in advance.

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

Contact Person for Organization: \_\_\_\_\_

Address of Contact Person: \_\_\_\_\_

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

Purpose of Meeting: \_\_\_\_\_

Date Requested: \_\_\_\_\_ Time: \_\_\_\_\_  
Please list times of meeting.

Expected attendance number: \_\_\_\_\_

Are refreshments being to be served: YES or NO (please circle one.) If you circled yes, organization is responsible for set up and clean up. Organization is responsible for cups, napkins, utensils, tablecloths, etc.

Folding chairs are available: If organization needs chairs: Please circle: YES or NO. Please note: Organization is responsible for set up, take down and returning chairs to dolly.

The undersigned, on behalf of the above organization, has read and agrees to comply with policies and procedures governing the public use of library meeting rooms.

The applicant also accepts full responsibility for any damage to facilities or equipment, and agrees to confine the organization's activities to the assigned room.

Signature of Applicant: \_\_\_\_\_

Signature of Adult Sponsor (for groups under age 18): \_\_\_\_\_

Signature of Library Director: \_\_\_\_\_

- **This application is not complete until the organization representative and the Library Director has signed form.**