

## APPLICATION FOR USE OF MEETING ROOM

Date Requested: \_\_\_\_\_ Day of Week: \_\_\_\_\_ Time: \_\_\_\_\_ to \_\_\_\_\_

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

Person Applying: \_\_\_\_\_ Position in Group: \_\_\_\_\_

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

Telephone #: Business \_\_\_\_\_ Home \_\_\_\_\_

Group Leader: \_\_\_\_\_ Telephone: \_\_\_\_\_

Type of Meeting: \_\_\_\_\_ Activity: \_\_\_\_\_

(speaker, exhibit, film, discussion,  
organizational, hearing, other)

Subject of Activity: \_\_\_\_\_

Brief description of exhibit materials or literature to be distributed:

\_\_\_\_\_

Any special requirements or equipment needed? \_\_\_\_\_

Expected attendance: \_\_\_\_\_ (25 maximum capacity)

Will refreshments be served? \_\_\_\_\_ (Group responsible for cleanup)

*The applicant agrees to return the meeting room to a clean and orderly condition at the end of the activity and to pay the cost of repair or replacement of any damage to the facility or equipment. The Town of Limerick will not be responsible for damage or loss of materials used or left in the building.*

DATE: \_\_\_\_\_ Signature of applicant: \_\_\_\_\_

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DO NOT WRITE BELOW THIS LINE

Approved: \_\_\_\_\_

Notified: \_\_\_\_\_ (date) \_\_\_\_\_

Authorized signature

Date

Comments: