



Starkville-Oktibbeha County Public Library System

STARKVILLE-OKTIBBEHA COUNTY PUBLIC LIBRARY SYSTEM APPLICATION FOR USE OF MEETING ROOM

The undersigned representative of the organization agrees that this meeting will be held in accordance with the regulations set up by the STARKVILLE-OKTIBBEHA COUNTY PUBLIC LIBRARY SYSTEM BOARD OF TRUSTEES concerning the use of the library's meeting room. Any charges incurred will be billed to this person. The person responsible for making the application for use of the room will be considered the official contact person for that group.

Name of Organization: _____ Date: _____

Address _____
Street City State Zip Code

Phone No. (Work) _____ (Office) _____

Email Address: _____

Nature of Meeting and/or Program

Topic _____

Date of Proposed Meeting _____

Speaker _____ Panel/Other _____

Estimated Number Attending _____

Actual Time of Meeting From: _____ To: _____

Time for Setting Up From: _____ To: _____

Furniture and Equipment

Needed _____

Signature of Authorized Representative

Name _____ Signature _____

LIBRARY USE ONLY:

Approved by: _____ Date: _____

Signature: _____