

Event Room Application

Group Name: _____

Date: _____

Contact person: _____

Address: _____

Phone: _____

Email: _____

Room Needs and Attendance Information:

Date room requested: _____

Thirty minutes before and after the meeting is allowed for set-up and take-down.

Start time: _____ End time: _____

Estimated # of attendees: _____

Provide a brief description of your event/program: _____

If requesting to serve food and/or beverage (**alcohol is prohibited**), provide a description here (*pending Staff approval*): _____

By signing below I agree to the Meeting Room Policy and I accept responsibility for the group's use of the Genoa Public Library meeting room(s).

Signed

Date

LIBRARY USE ONLY:

Director's Signature & Date