

Program Room Application

Name of organization: _____

Name of responsible party: _____

Address of responsible party: _____

Phone number of responsibility party: _____

Date(s) program room requested: _____

Start time: _____

End time: _____

Purpose of use of the Program room:

By signing below, I agree to the Meeting Room Policy and I accept responsibility for the group's use of the Genoa Public Library Program Room. In addition, I understand that from time to time additional requirements governing the use of library facilities including meeting spaces may be permanently or temporarily enacted. Applicants for use of meeting spaces will be provided with specifics of these additional requirements as necessary. When possible, this will be at the time of application. Occasionally, notification will take place after approval of the application. In all cases, library policies in place at the time of the use of meeting spaces will be the governing rules.

Signature

Date

LIBRARY STAFF USE ONLY:

Authorizing staff member

Date Approved