

## Security Public Library Meeting Room Application

**Meeting room is available:**

Monday-Thursday, 10:30 am to 7:45 pm

Friday and Saturday, 9:30 am to 4:45 pm

**Date of Reservation:** \_\_\_\_\_

**Time: Begin** \_\_\_\_\_ **End** \_\_\_\_\_

**Name of Registrant:** \_\_\_\_\_

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

**Phone Number:** \_\_\_\_\_ **Library Card Number:** \_\_\_\_\_

**Name of Organization:** \_\_\_\_\_

**Address of Organization:** \_\_\_\_\_

**Expected Number of Attendees:** \_\_\_\_\_

**Purpose and brief outline of meeting:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**I have read the Security Public Library Meeting Room Policy and I agree to abide by its rules and regulations and to be responsible for damages to the Library equipment, furniture and/or facilities during my scheduled use of the room.**

**Registrant's signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Received and scheduled by library staff member:** \_\_\_\_\_