<div align="center">

SEWICKLEY PUBLIC LIBRARY
MEETING ROOM APPLICATION

</div>

Name of Organization_____

Contact person for organization_____

Address of contact person_____

Phone #_____Best time of day to call_____

Meeting room(s) requested_____

Is the program/event free?_____Is it open to the public?_____

Date(s) of program/event_____Time(s)_____

Do you intend to serve refreshments? _____If so, see Rule VI of the Community and Meeting

Room Policy.

Title of program or event_____

Speaker/leader's name_____

Speaker/leader's background and credentials_____

_____

Approximate number of people attending_____

Please describe the program, its purpose, intended audience, any materials

fees, etc. (Attach an additional sheet, if necessary.)_____

_____

_____

_____

Do you need audiovisual equipment? _____If so, please list._____

_____

Is registration required?_____If so, how will it be taken?_____

_____

Are there any limitations on the registration or participation?_____

If so, please list._____

_____

I have studied the Meeting Room Policy and Regulations and agree to comply with them. I will assume responsibility for any damages and will leave the room(s) in a neat and orderly condition.

Signature of applicant_____Date_____