



**Application for Community Room Use**

I have read and understand the Library's Community Spaces Policy

Are you a Webster resident, or does your group serve Webster Residents?  Yes  No

**Application Date:** \_\_\_\_\_ **Name of Organization or Group:** \_\_\_\_\_

**Meeting Coordinator Name:** \_\_\_\_\_

**Mailing address of Organization:** \_\_\_\_\_

**Requested Reservation Date:** \_\_\_\_\_

**Start Time:** \_\_\_\_\_ **End Time:** \_\_\_\_\_

**Purpose or Function of Meeting:** \_\_\_\_\_

\_\_\_\_\_

**Expected attendance:** \_\_\_\_\_

**Equipment Needed:**

Projector  Podium  Microphone  HDMI Cable  Concert Lighting  DVD Player

**Equipment to be brought into the building (explain):** \_\_\_\_\_

**Number of Tables Requested:** \_\_\_\_\_ **Number of Chairs Requested:** \_\_\_\_\_

**Brief Description of Room Set-up:** \_\_\_\_\_

\_\_\_\_\_

By signing below, the applicant agrees to abide by all policies governing the use of the Gladys E. Kelly Public Library Community Room and accepts full responsibility for any damage to or loss of library property. Failure to comply with the policies may result in the group the applicant represents not being considered in the future.

**Applicants Signature:** \_\_\_\_\_

**Address:**

**Phone Number:**

**Email:**

*Staff Accepting Application:* \_\_\_\_\_ *Date received:* \_\_\_\_\_ *Notified:*  Yes

*Application can be emailed to [rcox@cw mars.org](mailto:rcox@cw mars.org) or submitted in-person to Randa Cox, Programming Coordinator.*