

**Pickerington Public Library  
Meeting Room Application**

Date of Meeting \_\_\_\_\_

Date of Application \_\_\_\_\_

Time of Application \_\_\_\_\_

Library Card Number \_\_\_\_\_

Name of person agreeing to assume responsibility for library facility \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

How best to contact: Phone: \_\_\_\_\_ email: \_\_\_\_\_

Organization/Group the applicant represents \_\_\_\_\_

Requested meeting date: \_\_\_\_\_ Requested meeting time: From \_\_\_\_\_ To \_\_\_\_\_

Number of persons attending meeting: \_\_\_\_\_

Special Requests: Screen \_\_\_\_\_ TV/VCR/DVD Player \_\_\_\_\_ Kitchenette \_\_\_\_\_

Other needs: \_\_\_\_\_

**A meeting room reservation is not official until the applicant has received confirmation from the library staff. Refreshments in Meeting Room A only.**

**I have received and read the Pickerington Public Library meeting room policy and agree to abide by its rules and regulations.**

Signature: \_\_\_\_\_

Note: All information on this form, except the library card number is available to the public.

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**Library Use Only**

Application received: \_\_\_\_\_ Date received: \_\_\_\_\_ Time received: \_\_\_\_\_  
(staff initials)

Application approved: \_\_\_\_\_ Date approved: \_\_\_\_\_  
(Director)

Application confirmed: \_\_\_\_\_ (staff initials) \_\_\_\_\_ (date/time) \_\_\_\_\_ (how confirmed)

Meeting room assigned (**staff to circle one**)

A                  B                  A&B                  Study Room 1