

**FERGUS FALLS PUBLIC LIBRARY MEETING ROOM APPLICATION**

Organization name \_\_\_\_\_

Mailing address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Contact person \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Alternative contact \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Meeting topic \_\_\_\_\_

Expected number of attendees \_\_\_\_\_

Single use: Meeting date \_\_\_\_\_

Start time\* \_\_\_\_\_ End time\* \_\_\_\_\_

Multiple uses: Meeting date(s) \_\_\_\_\_

Start time\* \_\_\_\_\_ End time\* \_\_\_\_\_

*\* Groups using the meeting room must check-in/start their meeting prior to the library's closure hour for that day. Meetings may continue after the library has closed up to 11:00 p.m.*

As an authorized adult representative of the above organization, I hereby apply for the use of the meeting room as indicated above. I have read the policies and rules governing the use of the meeting room facilities and agree that they will be carefully observed. If a meeting is cancelled, I agree to notify the library as far in advance as possible; failure to notify may result in loss of future meeting room use.

Signed \_\_\_\_\_ Date \_\_\_\_\_

**Please note:** Meeting room reservations are not confirmed until this completed form has been reviewed and approved by designated library personnel. Please drop off or mail this form to: **Fergus Falls Public Library, 205 E. Hampden Ave., Fergus Falls, MN 56537 (218)739-9387.**

Office Use Only:	Application approved: _____ (staff initials)	Date: _____
------------------	--	-------------