

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* _____

** Meetings may be scheduled during the library's open hours only unless special arrangements are made. Meetings must adjourn at least 10 minutes before the library's scheduled closing time.*

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: _____
------------------	--	-------------