



Meeting Room Use Application

Please submit completed application at the library circulation desk.

Program Name: _____ Program Date/Time: _____

Is this a recurring event? YES NO

If yes, when? (Dates and times) _____

Please note that meeting rooms may be scheduled no more than 3 months in advance.

For more information about meeting room reservations, please visit:

<http://millinocketmemoriallibrary.org/services/community-room>

Purpose of Program: _____

Sponsoring Organization: _____

Does this organization operate as a not-for-profit, non-commercial group? YES NO

Will this program be open to the public? YES NO

If yes, would you like us to include the program on our public events calendar? YES NO

Anticipated Attendance (#): _____ Target Audience or Age Range: _____

Will you charge an entrance fee, take collection, sell goods or services, or require purchases of attendees?

YES NO If yes, please explain: _____

Will this program involve animals, food preparation and distribution, health fairs with medical screenings, and/or physical activity? YES NO If yes, please explain: _____

What special equipment, if any, will be required (e.g. projector, DVD player, 42" TV monitor, computer)?

Will you require assistance with technology setup? YES NO

If yes, please explain: _____

I have reviewed and agree to abide by the Millinocket Memorial Library Meeting Room Policy & Guidelines.

Signature: _____ Print: _____

Date: _____

Contact Person (if different): _____

Phone: _____

Email: _____

Applicants will be notified of approval for use within three business days of submission.

For Staff Use Only

Date Received: _____

Received By: _____

Approved? YES NO

Date of Notification: _____

Added to Calendar: _____