

Oscar Foss Memorial Library

Application for Meeting Room Use

Name: _____ Date: _____

Participating Group/Organization/Club: _____

Address: _____

E-mail address: _____

Phone: _____

Name, Address and phone of Barnstead sponsor (if different from above):

Planned Activity: _____

Date of Meeting: _____ Start Time and Duration of Meeting: _____ Will this be a Recurring Meeting? Y N

If yes, please identify the dates for the next:

6 month cycle: _____

3 month cycle: _____

I have read the Meeting Room Policy and the Rules for Use of Meeting Room and understand them. With this signature I am verifying that my organization/group/club will abide by all.

Name (Please Print): _____ Date: _____

Signature: _____