

**MEETING ROOM APPLICATION**

**I/WE HAVE READ AND AGREE TO THE POLICY GOVERNING THE USE OF THE MEETING ROOM AT THE WEEKS MEMORIAL LIBRARY. YES/NO**

**I/WE HAVE RECEIVED A COPY OF THE LIBRARY PATRON BEHAVIOR POLICY YES/NO**

\_\_\_\_\_  
**ORGANIZATION**

\_\_\_\_\_  
**CONTACT PERSON**

\_\_\_\_\_  
**SIGNATURE OF AUTHORIZED REPRESENTATIVE**

\_\_\_\_\_  
**TELEPHONE NUMBER**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**ADDRESS**

\_\_\_\_\_  
**REQUESTED DATE & TIME FOR MEETING**

**ADDITIONAL COMMENTS:**