

# 807 - Meeting Room Application

Date Policy Approved: February 2, 2011

Date Policy Amended: March 23, 2017

Date: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

Home Address: \_\_\_\_\_

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

Home Telephone: \_\_\_\_\_ Business Telephone: \_\_\_\_\_

Name of Non-Profit Organization: \_\_\_\_\_

Date Needed: \_\_\_\_\_

Time Needed: Start: \_\_\_\_\_ Finish: \_\_\_\_\_

Purpose of Meeting: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Number of Participants Expected: \_\_\_\_\_

Equipment Needed:  Television  DVD Player  Slide Projector  
 Laptop  WiFi  Overhead Projector  
 Other: \_\_\_\_\_

I have read the attached DeSoto Parish Public Library Meeting Room Policy and agree that my organization will abide by these rules. I further agree that the organization will be responsible for any damages to library property which may occur as a result of my organization's use. I certify that I am authorized to make these representations on behalf of my organization.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For Library Staff Use Only:

Tentative reservation by: \_\_\_\_\_ Date: \_\_\_\_\_

Confirmed reservation by: \_\_\_\_\_ Date: \_\_\_\_\_

Walk-through after meeting: Staff: \_\_\_\_\_ Participant: \_\_\_\_\_