

**ATLANTA-FULTON PUBLIC LIBRARY SYSTEM
MEETING ROOM APPLICATION**



GENERAL INFORMATION

Name of Group/Doing Business As: _____
Contact Person: _____ Position: _____
Address: _____
City, State, Zip Code: _____
Phone - HOME: _____ CELL: _____ FAX: _____
WORK: _____ EMAIL: _____
Library Card Number: _____
(The contact information above may be given to any person inquiring about this meeting.)

MEETING ROOM LOCATION

Library Location: _____
Room: _____

REQUEST INFORMATION

DATE: _____	DAY: _____	TIME FROM: _____	TO: _____
DATE: _____	DAY: _____	TIME FROM: _____	TO: _____
DATE: _____	DAY: _____	TIME FROM: _____	TO: _____
DATE: _____	DAY: _____	TIME FROM: _____	TO: _____

PURPOSE OF MEETING:

(Meeting Room Application must be received at least two (2) weeks prior to the event.)

REQUEST FOR TABLES AND CHAIRS (ONLY AT THE CENTRAL LIBRARY)

<input type="checkbox"/> 6 ft. square table	Quantity: _____
<input type="checkbox"/> Round table (for Library sponsored events only)	Quantity: _____
<input type="checkbox"/> Chairs	Quantity: _____

(Each group is responsible for arranging the room in the manner in which they find most appropriate for their meeting, as well as leaving the room in the manner in which it was found.)

I HAVE READ THE REGULATIONS GOVERNING USE OF THE MEETING ROOMS AND THE LIBRARY SYSTEM'S CODE OF CONDUCT AND AGREE TO ABIDE BY THE CONDITIONS SET FORTH. I UNDERSTAND AND AGREE THAT FEES FOR DAMAGE TO THE FACILITY WILL BE ASSESSED TO MY LIBRARY CARD RECORD. I ALSO UNDERSTAND THAT PERMISSION TO USE A LIBRARY MEETING ROOM DOES NOT IMPLY ENDORSEMENT OF THE AIMS, POLICIES, OR ACTIVITIES OF ANY GROUP OR ORGANIZATION.

APPROVED DENIED

Date Reviewed: _____ Reviewed/Approved By: _____
NOTES: _____

Rev. 05/31/11

Attachment: Audiovisual Equipment Request & Check-Out Form