

**TOLONO PUBLIC LIBRARY DISTRICT
APPLICATION FOR USE OF THE COMMUNITY ROOM**

_____ Date of Application

Date Room Requested: _____

Beginning Time of Use: _____ Ending Time of use: _____

Name of Organization: _____

Contact Person's Name _____

Mailing Address: _____

City: _____ Zip: _____

Day Phone: _____ Evening phone: _____

Email Address: _____

Description of Meeting Room Use: _____

Expected Attendance: _____

1. Will you need audio visual equipment? Please specify Yes _____ No _____

2. Will refreshments be served or consumed? Please detail _____

I HEREBY AFFIRM THAT I HAVE READ AND WILL ABIDE BY THE RULES OUTLINED IN THE TOLONO PUBLIC LIBRARY MEETING ROOM POLICY.

Signature: _____ Title: _____

Date: _____ Patron Library Card or Driver's License Number: _____