## TOLONO PUBLIC LIBRARY DISTRICT APPLICATION FOR USE OF THE MEETING 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 Code:	
Phone Number:			
Email Address:			
Description of Meeting Room Use:			
Expected Attendance:			
Will you need audio visual equipment?	Yes	No	-
If yes, please specify:			
Will refreshments be served or consumed?	Voc	No	
	Yes		-
If yes, please specify:			
I HEREBY AFFIRM THAT I HAVE READ AND W DISTRICT'S MEETING ROOM POLICY.	ILL ABIDE	BY THE RULES OUTLINED IN TH	E TOLONO PUBLIC LIBRARY
Signature:		Date:	
Library Card or Driver's License Number:			