

**CENTRAL MISSISSIPPI REGIONAL LIBRARY SYSTEM
APPLICATION FOR USE OF MEETING ROOM**

TODAY'S DATE _____

Name of Organization _____

The undersigned representative of the organization agrees that this meeting will be held in accordance with the regulations set up by the CENTRAL MISSISSIPPI REGIONAL LIBRARY SYSTEM BOARD OF TRUSTEES concerning the use of the library's meeting room. Any charges incurred will be bill to this person. The person responsible for making the application for use of the room will be considered the official contact person for that group.

Name _____

Signature _____

Address _____

Telephone Number (Work) _____ (Home) _____

Nature of Meeting and/or Program

Topic _____

Date of Proposed Meeting _____

Speaker _____ Panel _____ Other _____

Estimated Number Attending _____

Actual Time of Meeting From: _____ To: _____

Time for Setting Up From: _____ To: _____

Furniture and Equipment Needed: _____

Type of Food Service _____
