HAY MEMORIAL LIBRARY
MEETING ROOM USE APPLICATION

Name of Group or Organization_____

Name of Responsible Applicant_____
(*Please Print Clearly*)

Event Name_____

Type of Use:

_____Club or Organization Meeting
_____Book Club
_____Vendor Event
_____Fundraiser
_____Arts/Crafts Class
_____Other (Specify in detail)

_____

_____

Requested Date(s) of Use_____

Start Time_____ End Time_____

Signature of Responsible Contact_____

Contact Telephone Number_____

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Office Use Only

Date Received_____

Library manager approval_____

Scanned with CamScanner