

POINTE COUPEE PARISH LIBRARY
APPLICATION FOR MEETING ROOM USE

Name of Organization: _____
President/Officer in
charge: _____

Telephone Number of
Officer: _____

Name of Person Making Application: _____

Street: _____ City: _____

Zip Code: _____ Telephone Number: _____

Date of Meeting: _____ Time: _____

IF MONTHLY MEETING: STARTING DATE: _____
Month Day Year

ENDING DATE: _____
Month Day Year

(Groups will be permitted to reserve their meeting room date up to 3 months in advance).

Purpose of Meeting: _____

Approximate Size of Audience: _____

Adult _____ Young Adult _____ Children _____
Will refreshments be served? Yes _____ No _____ Type of Refreshments? _____

Signature

Library Card Number

Date

*Room is not officially reserved until an approved copy of this form is returned to you and a signed copy of the Pointe Coupee Parish Library Meeting Room Usage Agreement is on file with the Pointe Coupee Parish Library.
(adopted 9/15/93)