

**APPLICATION FOR USE OF MEETING ROOM
HOOD COUNTY LIBRARY**

Group: _____

Purpose of Meeting: _____

Date of Meeting: _____ Estimated Attendance: _____

Start and End time (including set up and take down time): _____

Designated contact person: _____

Mailing address: _____

Telephone: _____ Email: _____

Meeting/ Study rooms must be returned to their original condition at the conclusion of the event or meeting, and any provided equipment and lights must be turned off.

Please indicate which meeting/study room:

Meeting rooms

Janell Morris Room (*lg*) Pecan Room (*med*) Cottonwood Room (*med*)

The Following items are requested for use by the group designee on the meeting date:

Projector Laptop Speaker podium VGA/HDMI cable

The designated person agrees on behalf of the group to all rules and procedures outlined in the Hood County Library Meeting Room Policy and to any financial responsibility for damage or loss to library property during use.

Signature of responsible designee Date: _____

Library Representative: _____ Date: _____

Reservation confirmed

Disapproved

'No Show'