

Kimball Library Meeting Room Application

Today's Date _____

On behalf of:

Name of Organization _____

Address _____

Web Site _____

I apply for the use of Kimball Library Meeting room for _____

On _____ from _____ o'clock until _____ o'clock.

Estimated attendance: Adults _____ Youths (15 and under) _____

Would you like to have your event appear on the library's public events calendar on our Web site? _____

If so, please provide contact name and telephone number _____

Having read the attached statement of policy, I agree to assume responsibility in fulfilling the requirements outlined for use of the meeting rooms. I understand that room setup is my responsibility, and that I will return the tables and chairs to their original placement.

Signature of applicant _____

Printed name of applicant _____

Title _____

Daytime phone number _____ Evening _____

Address _____

Email Address _____

Meeting rooms may be used by any Atkinson cultural, civic, educational, or non-profit group or organization. Any group not based in Atkinson requesting use of a meeting room must show substantial connection to the Town through its stated mission, service area, or membership.

Use description:

____ Atkinson based nonprofit organization

____ Non-Atkinson based nonprofit organization

Requesting the use of:

____ Large Meeting Room (seats 80) ____ Conference Room (seats 20) ____ Small Meeting Room (seats 10)

Equipment Requested:

____ Projector Screen ____ PA System ____ Television ____ LCD Projector ____ DVD player ____ Internet

| | |
|-----------------------------------|---------------------------|
| For library staff use only | |
| Approved for the library by: | Date Received: |
| Entered into calendar: | Confirmed with applicant: |