



Meeting Room Application

Please print and complete the application, and return it to the Reference Desk at the Henry Carter Hull Library. **Application must be signed and returned to the library before the room is used.**

Name of organization: _____

Purpose of organization: _____

Responsible Person: _____

Mailing address: _____

Telephone: *Home* _____ *Business* _____

Program or subject of meeting (describe briefly): _____

Anticipated number of attendees: _____

Room desired: Community Room _____ Large Conference Room _____

Tutoring Room _____ Small Conference Room _____

Date room needed: _____

Hours room needed: *From:* _____ *To:* _____

When signed by Responsible Person, this application signifies agreement to abide by the [conditions](#) outlined in the Henry Carter Hull Library Meeting Room policy statement.

Signature of Responsible Person: _____

Date: _____

Approved by: _____ of the Henry Carter Hull Library.

Date: _____