**MEETING ROOM APPLICATION**

Organization Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organization Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is your organization a non-profit? Yes\_\_\_\_\_ No\_\_\_\_\_

Name of Applicant\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Daytime phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Meeting Room Requested:

\_\_\_\_**Sedgwick Reading Room** (up to 100 people) – contact meeting room staff for setup needs

\_\_\_\_**Welles Gallery** (up to 50 people)

Please indicate room setup style:

\_\_\_\_***Auditorium Style*** – Up to 50 chairs facing front

\_\_\_\_***Café Style*** – Up to 6 tables with up to 6 chairs grouped around each

\_\_\_\_***Roundtable Style*** -- Up to 8 tables ganged together, up to 28 chairs around the outside

\_\_\_\_***Classroom Style*** – Up to 8 tables in rows with 3 chairs behind each, facing front

Number of people expected to attend: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Event date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Event start and end time:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Purpose of the meeting (to be included in our calendar listing, use additional paper if necessary):

Is the meeting open to the public? Yes\_\_\_\_ No\_\_\_\_

Equipment and any additional setup required (see Equipment List):

*I have read the enclosed Lenox Library Association Meeting Room Policy and agree that my organization will abide by these rules and regulations. I will be responsible to secure any applicable copyright or performance rights. I further agree that my organization will be responsible for any damages to Library property, exhibits, or persons which may occur as a result of my organization’s use. I certify that I am authorized to make these representations on behalf of my organization.*

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please return this completed form not less than 5 days before your planned use of the room.**