Please read the policy before filling out the application form, as you are agreeing to the policy when you sign the form. This application may be submitted in person by attaching or mail, or fax 563-534-2222. Upon approval of completed application, a $20.00 deposit for use of the Library’s projector. Any costs arising from loss, or damage will be your responsibility.

Today’s Date \_\_\_\_\_\_\_\_\_\_\_\_

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

Title/Purpose of Event\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Responsible Individual\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of your event\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Day of Week\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Start Time \_\_\_\_\_\_\_\_\_\_\_\_\_End Time\_\_\_\_\_\_\_\_\_\_ (allow for set-up and tear-down)

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

Please count the actual number of people who attend and notify librarian call 563-534-2222 or email webmaster@fortatkinson.lib.ia.us

Which equipment do you need? (please circle)

Projector DVD Player Speakers

I have read the meeting room policy and agree to abide by it.

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_