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WASHINGTON COUNTY
PUBLIC LIBRARY

Hours:
M-Th 9 -7
Fri 9-4
Sat 9-2

Meeting Room Application

Today's Date: _____

Organization Name: _____

Purpose of Organization: _____
_____
_____

Date(s) of Meeting: _____

Meeting Begin Time: _____ Meeting End Time: _____

Intended Use: _____
_____
_____
_____

Number of Persons Expected: _____

Contact Person: _____ Contact Number: _____

Organization Address: _____

_____

Phone Number: _____ Email: _____

The meeting will be free and open to the public: Yes No

I understand the policies for use of the meeting room at the Washington County Public Library. I understand that our use of the meeting room may be cancelled if these policies are not followed.

Signature: _____ Date: _____

Name Printed: _____

Submitting this form does not confirm your meeting. You will be contacted using the information you provided to confirm your meeting room reservation date and time.

Director's Signature: _____ Date: _____