

Meeting Room Application
Orangeburg County Library

Library Staff Contact: _____

*{Please Print}

Today's date: _____

Organization name: _____

Contact Person: _____

Meeting date: _____ Beginning time: _____ Ending time: _____
(includes set-up time)

Estimated number to attend (Room capacity 50): _____

Use of TV/VCR/DVD machines? Yes: _____ No: _____

As a representative for the above organization, we will abide by the guidelines for use of the Orangeburg County Library Meeting Room. We affirm that the organization is non-profit. Future use of the room depends on our following the guidelines for the facility.	
_____	_____
Signature	Telephone number
Address	

*** Information below this line is to be completed by the library staff.**

Approved by: _____ Date: _____

Checklist

<i>Item</i>	<i>Initial</i>
1. Application completed?	_____
2. Guidelines given?	_____
3. Closing procedure given?	_____
4. Closing procedure returned?	_____
5. Closing procedure verified?	_____