Orangeburg County Library
— Meeting Room Application

**** PLEASE PRINT ****

Organization Name: ________________________________________
Meeting Date: ____________
Contact Person: ________________________________________
Meeting Start Time: ____________
Organization Address: ________________________________________
Meeting Ending Time: ____________

Media to be used:  ____TV  ____DVD player  ____Laptop  ____Projector Screen

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 Orangeburg County Library Meeting room can be denied for failure to comply with the guidelines of the facility.

_______________________________________________  ______________________________
Signature: Telephone Number:

Please return to Library or fax (803) 533-5860
(The reservation will not be approved until this application is received by library staff. All reservations must be made at least 48 hours in advance.)

*** Library Staff Only ***

Approved By: ______________________________  Date: __________________

Checklist (initials):

Application Completed (____)  Guidelines Given? (____)  Closing Procedure Given? (____)
Closing Procedure Returned? (____)  Closing Procedure Verified? (____)