

PLEASE PRINT THIS APPLICATION, COMPLETE IT, AND RETURN IT TO THE APPROPRIATE BRANCH. THANK YOU.

St. Petersburg Public Library

APPLICATION FOR USE OF MEETING ROOM SPACE

Organization: _____

Purpose of Meeting: _____ **501 (c)(3) :** _____

Facility Requested:

Johnson Branch 1059 18 Ave S. _____
Main Library, 3745 Ninth Ave N. _____
Mirror Lake Branch, 280 5 St. N. _____
North Branch, 861 70 Ave N. _____
South Branch, 2300 Roy Hanna Dr. S. _____

Expected Attendance: _____

Audio/Visual Equipment Request(s):

___ slide projector ___ white board
___ overhead projector
___ TV/VCR ___ DVD
Other _____

<i>Date (s) Requested</i>	<i>Day of the Week</i>	<i>Start Time</i>	<i>End Time</i>
1.			
2.			
3.			
4.			
5.			
6.			

(After your 5th meeting, additional reservations may be booked if space is available.)

Brief description of materials/literature _____
to be distributed/displayed: _____

Group Contact Person: _____ **Position in Group:** _____

Street Address: _____ **City:** _____ **Zip:** _____

Primary Contact's Phone: _____ **Alternative Contact's Phone:** _____

My organization has read and agrees to the terms of conference room use as outlined in the St. Petersburg Public Library's Policy Manual. We will be responsible for the repair or replacement to the room, furnishings, and/or equipment. We also agree to perform any necessary set-up and clean-up.

Signature: _____ **Date:** _____

STAFF USE:

Date Application Rec'd: _____ **Approved** _____ **Room(s) Assigned:** _____

Denied _____ **(Reason for Denial:** _____)

Additonal Notes: