

HUNTINGTON MEMORIAL LIBRARY

APPLICATION FOR USE OF THE MEETING ROOM

Organization or Group Name _____

Name of person completing the form _____

Phone number _____

Address _____

Name of program if open to the public _____

Date of Meeting _____

Time (beginning and ending times) _____

Number attending _____

Room set-up requirements:

Signed _____ Date _____

For library use only

Approved _____

Not approved _____

Date contacted _____