



**APPLICATION FOR MEETING ROOM USE - MAIN LIBRARY**  
**Fax Application To: 229-333-0364**

Today's date \_\_\_\_\_

Room requested

Folsom Room  
Maximum of 35 people

Nix Room  
12-15 people

You may request up to 3 meetings, 1 per month, in the next 3 months. Meetings can only be scheduled during the library's open hours.

Date of meeting \_\_\_\_\_ Time requested From \_\_\_\_\_ to \_\_\_\_\_

Date of meeting \_\_\_\_\_ Time requested From \_\_\_\_\_ to \_\_\_\_\_

Date of meeting \_\_\_\_\_ Time requested From \_\_\_\_\_ to \_\_\_\_\_

Expected number of attendees \_\_\_\_\_ Number of chairs \_\_\_\_\_ Number of tables \_\_\_\_\_

Name of person agreeing to assume responsibility for Library facility \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Telephone Numbers Business: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Residence: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Organization applicant represents \_\_\_\_\_

Mailing address \_\_\_\_\_

Telephone Number (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

I have received and read a copy of the Meeting Room Policy (Resolution #11-05-09), and I accept responsibility as outlined.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

The South Georgia Regional Library has my permission to give out my name and telephone number to anyone inquiring about this program. \_\_\_\_\_

Initials

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**OFFICE USE ONLY**

Date & Time application received \_\_\_\_\_ Received by \_\_\_\_\_

Application approved \_\_\_\_\_ Denied \_\_\_\_\_ Date \_\_\_\_\_