

PUBLIC LIBRARY FOR UNION COUNTY
255 Reitz Boulevard
Lewisburg, PA 17837

Registration for Use of Multi-Purpose Room

Date: _____

Name of Organization: _____

Name of Individual Filing Application: _____

Address: _____

Home Phone: _____ Business Phone: _____

E-Mail Address: _____

Estimated Attendance for Use: _____

Date(s) To Reserve: _____

Time(s) To Reserve: _____

Nature of Meeting/Event: _____

Room Requested:

_____ Multi-Purpose Room A & B (100 Occupancy)

_____ Multi-Purpose Room A (25 Occupancy)

_____ Multi-Purpose Room B (75 Occupancy)

Equipment Requested:

*Indicates training required: Training Date: _____

_____ Lectern

_____ Tables and Stacking Chairs

_____ Video/Computer Projector *

_____ Cordless Microphone/Lapel*

_____ Corded Microphone*

_____ Hearing Impaired Ear-phones*

_____ Laptop*

_____ Kitchenette space

_____ Other (please describe) _____

The undersigned after reviewing the multi-purpose room policy, on behalf of the above organization, agrees to inform participants of all regulations governing the use of the multi-purpose room, to accept full liability for any damage to facilities or equipment, and to confine the organizations activities to the assigned room.

Approved By:

Signature of Applicant
