

APPLICATION FOR USE OF HAMMOND ROOM

Name of group: _____

Address: _____

Date(s) requested: _____

Time requested: Beginning at _____ **Ending at** _____

Purpose for using facility: _____

Estimated attendance: _____

Special arrangements/Equipment needed. Presenters should arrive early to ensure the Equipment performs as desired. The library does not provide refreshments or supplies.

The Glencoe resident signing this application represents he/she is an authorized agent of the group/organization identified, is authorized to commit the group/organization to comply with the library's Policy for Use of Library Meeting Room Facilities and Equipment.

Name: _____ **Date:** _____

Address: _____

Title: _____ **Phone:** _____

Staff: _____ **Fee Paid:** _____