

ESTHERVILLE PUBLIC LIBRARY
APPLICATION FOR USE OF COMMUNITY ROOM

Date of Application: _____

Name of Sponsoring Nonprofit Organization:

Contact Person:

Address: _____

Telephone Number: _____ Cell Phone Number: _____

Requested Date of meeting _____ Time: From _____ To _____

Expected Number Attending: _____ (56 limit)

If the proposed meeting or event will be repeated, how often and on what schedule are you requesting the use of the room?

Circle Equipment Requested (note that the desired equipment may not be available, and please verify with a staff member):

Lectern / Screen / Multi-media Projector /
Overhead Projector (for transparencies) / Microphone / Laptop

LIBRARY HOURS: (IN EFFECT YEAR AROUND) (Hours subject to change)

Monday	10:00 A.M. - 8:00 P.M.
Tuesday and Wednesday	10:00 A.M. - 6:00P.M.
Thursday	10:00 A.M. - 8:00 P.M.
Friday	10:00 A.M. - 5:00 P.M.
Saturday	10:00 A.M. - 1:00P.M.

Will a key be needed? Yes _____ No _____ (If yes, please discuss with a staff member to make arrangements.)

May we include your meeting on our Community Room events listing (distributed both online and in paper form)?

Yes _____ No _____

I, the undersigned, have read and agree to the Estherville Public Library Community Room Policy and confirm that the proposed event meets all requirements:*

Signature of applicant: _____

Approved by (signature of staff member) _____

*** Please review (or ask for a copy) of the Community Room Policy, which covers all applicable requirements and regulations for the use of the space.**

June, 2015