



Meeting Space Application

Name:

First

Middle Initial

Last

Brief Description
of Meeting/
Program:

Category of Use:

Educational/ Intellectual

☐

Cultural

☐

Charitable

☐

Other:

☐

Meeting Room

☐

Collaboration Room

☐

Study Room

☐

Preferred Space:

Expected
Attendance:

Dates Needed:

Contact Information

Mailing Address:

City:

State:

Zip Code:

Phone:

Email:

Library Card Number:

RESPONSIBILITY
AGREEMENT:

I have read and on behalf of the above listed name/organization agree to be bound by the "Laurens County Public Library System for Public Use of Meeting Rooms" and rules established to govern the use of the Library's rooms. I understand that I am responsible for damages, repairs or special cleaning needs to Library facilities, furnishings and equipment resulting from use – and that failure to comply with any aspect of the policy may result in immediate or future loss of room privileges.

Signature:

Date:

Additional Information

Meeting Space Fees – Check all that apply.

☐ Television: \$50.00

☐ Technical Assistance: \$70.00

☐ Food and Beverage: \$100.00

☐ Cleaning Fee: \$150.00

☐ Laptop: \$60.00

(Refundable if no damages caused to room)

STAFF USE ONLY

Approved <input type="checkbox"/>		Not Approved <input type="checkbox"/>		Space Not Available <input type="checkbox"/>		Received By: _____ Staff Initials
Entered on Calendar <input type="checkbox"/>		Contact Notified:	/ /			
Fees	\$	Received On:	/ /			