



Meeting Information

Contact Name: \_\_\_\_\_
First M.I. Last

Group/ Organization: \_\_\_\_\_

Brief Description of Meeting/ Program: \_\_\_\_\_

Category of Use: Educational/ Intellectual Cultural Charitable Other

Preferred Space: Meeting Room Collaboration Room Study Room

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.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Additional Information

Meeting Space Fees - Check all that apply.

- Television: \$50.00
Food and Beverage: \$100.00
Cleaning Deposit: \$150.00
Laptop: \$60.00
Technical Assistance: \$70.00

STAFF USE ONLY

Table with 4 columns: Approved, Not Approved, Space Not Available, Received By. Rows include Entered on Calendar, Fees, and Received On.