

**Massanutten Regional Library
North River Library Meeting Room Use Application**

Organization Name: _____

Organization Phone Number: _____

Organization Mailing Address: _____

Purpose of Meeting: _____

Number of expected attendance: _____

Meeting Date: _____ Start & End Time: _____

- As a representative of the organization, I have read the policy that governs the use of the meeting room and agree to abide by it.
- I understand that if we do not abide by the policy library staff has the right to terminate any future scheduled meetings and deny future use of the rooms.
- I understand that before any meeting will be booked any and all fees will be paid.
- I understand that the meeting must be free and open to the public.
- I understand that there may be no admission charged and no products or services advertised, solicited, or sold.
- I will give the library 24 hours notice for cancellations. I understand that not doing so will result in forfeit of the complete reservation fee.
- I understand that the phone number I give may be given to anyone who may inquire about the meeting.

Name and title: _____

Signature: _____ Date: _____

Comments:

Payment method (circle one):

Cash Check (made payable to: North River Library)

STAFF USE ONLY

Approved/Denied by: _____

Date: _____

Fees: _____

Paid by: Cash Check