



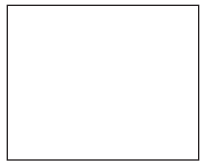
# FORT BEND COUNTY LIBRARIES

## Albert George Branch Library

9230 Gene Street • Needville

Phone: 979-793-4270 • Fax: 832-471-2451

Email: [agpublic@fortbend.lib.tx.us](mailto:agpublic@fortbend.lib.tx.us)



Today's date

## APPLICATION FOR USE OF MEETING ROOM

**This room reservation will not be confirmed until the library contacts you.**

1. Name of organization \_\_\_\_\_

2. The undersigned representative of the organization agrees that this meeting will be held in accordance with the regulations set up by Commissioners Court concerning the use of the library's meeting rooms. Any charges incurred will be billed to this person. The person responsible for making a meeting room application will be considered the official contact person for the group.

Meeting Topic \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone number \_\_\_\_\_ Email \_\_\_\_\_

3. Equipment available. **You are responsible for the set-up and clean-up of the room.**  
**Please place a check mark by the items you will need:**

\_\_\_ Chairs (50 maximum)                      \_\_\_ Punch bowl (1 maximum)

\_\_\_ 6-ft. tables (6 maximum)                \_\_\_ Marker board (1 only)

\_\_\_ Coffee pots (10 or 40 cups)            \_\_\_ Easel (2 only)

\_\_\_ Flip chart                                      \_\_\_ Lectern (1 only)

4. Meeting Date \_\_\_\_\_

5. Time of meeting \_\_\_\_\_ to \_\_\_\_\_

6. Set-Up Time \_\_\_\_\_ to \_\_\_\_\_

7. Approximate Number of Attendees Expected \_\_\_\_\_

8. Will food be served?  Y  N                      Will it be catered?  Y  N

**I have read and agree to adhere to the library's Meeting Room Policy.**

**Signature** \_\_\_\_\_

### FOR STAFF USE

Date rec'd \_\_\_\_\_ Time rec'd \_\_\_\_\_ Rec'd by \_\_\_\_\_ Date group notified \_\_\_\_\_

Branch Manager Signature \_\_\_\_\_ Approved?  Y  N Date approved \_\_\_\_\_

Calendar Entry \_\_\_\_\_