2620 Commercial Center Blvd. • Katy Phone: 281-395-1311 • Fax: 832-471-2453 Email: <a href="mailto:crpublic@fortbend.lib.tx.us">crpublic@fortbend.lib.tx.us</a>



## APPLICATION FOR USE OF MEETING ROOM

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

1.	Name of organization	
2.	the regulations set up by Commissioners Cou	nization agrees that this meeting will be held in accordance with ourt concerning the use of the library's meeting rooms. Any . The person responsible for making a meeting room application for the group.
	Meeting Topic	
	Name	
	Address	
	Phone number	Email
3.	Rooms and equipment available. Please place	ce a check mark by the items you will need:
	<ul> <li>■ Meeting Room (you set up/take down)</li> <li> Chairs (120 maximum)</li> <li> 6-ft. tables (18 maximum)</li> <li> Coffee pot (1 available)</li> <li> Easel (1 available)</li> <li> Lectern (1 available)</li> <li>□ Conference Room (permanent set-up) -</li> <li>□ Conference Classroom (permanent set-up)</li> </ul>	Chairs (40 maximum) 6-ft. tables (10 maximum) Coffee pot (1 available) Easel (1 available) Lectern (1 available) - 4 tables, 12 chairs
4.	Meeting Date	
		to
6.	Set-Up Time	to
7.	Approximate Number of Attendees Expected	1
8.	Will food be served? ☐Y ☐N	Will it be catered? ☐Y ☐N
۱h	nave read and agree to adhere to the library  Signature	y's Meeting Room Policy.
FC	OR STAFF USE	
	ate rec'd Time rec'd	•
Branch Manager Signature Ap		Approved? □Y □N Date approved
Ca	alendar Entry	07/20