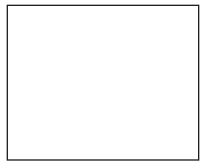




# FORT BEND COUNTY LIBRARIES

## Sugar Land Branch Library

550 Eldridge Road • Sugar Land  
Phone: 281-238-2140 • Fax: 832-471-2460  
Email: [slpublic@fortbend.lib.tx.us](mailto:slpublic@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. Rooms and equipment available. **Please place a check mark by the items you will need:**

- Meeting Room** (you set up/take down)
  - \_\_\_ Chairs (90 maximum)
  - \_\_\_ 6-ft. x 2½ tables (12 maximum)
  - \_\_\_ Coffee pot (filters not provided)
  - \_\_\_ Lectern
  - \_\_\_ Easel
  - \_\_\_ Dry-erase board  
(bring your own markers/eraser)

- Conference Room** (permanent set-up)
  - \_\_\_ Chairs (12 maximum)
  - \_\_\_ 5-ft. table (5 maximum, stationary)
  - \_\_\_ Dry-erase board  
(bring your own markers/eraser)

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 \_\_\_\_\_