FORT	BEND	COUNT	Y LIB	RARIES
Unive	rsitv	Branch	Libr	arv

14010 University Blvd. • Sugar Land, TX Phone: 281-633-5100 • Fax: 832-471-2461 Email: <u>ubpublic@fortbend.lib.tx.us</u>

L	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 2 (you set up/take down) Chairs (50 maximum) 6-ft. tables (10 maximum) Lectern Easel Dry-erase board (bring your own markers/eraser) 1 table, 14 chairs, Dry-erase board (bring your own markers/eraser) 1 table, 8 chairs, Dry-erase board (bring your own markers/eraser) 			
4. Meeting Date				
5	to			
	to			
. Will food be served? $\Box Y \Box N$ Will it be catered? $\Box Y \Box N$				
I have read and agree to adhere to the library's Signature				
Date rec'd Time rec'd	Rec'd by Date group notified			
Branch Manager Signature	Approved? Y N Date approved			
Calendar Entry				