



FORT BEND COUNTY LIBRARIES

George Memorial Library

1001 Golfview Drive • Richmond

Phone: 281-341-2605 • Fax: 832-471-2450

Email: gmpublic@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) - 6-ft. tables (12 maximum), 125 chairs
- ☐ **Room 2A** (you set-up & take down) - 6-ft. tables (8 maximum), 50 chairs
- ☐ **Room 2B** (permanent set-up) - 6-ft. tables (4), 10 chairs **AV equipment not available**
- ☐ **Room 2C** (you set-up & take down) - 6-ft. tables (6 maximum), 30 chairs
- ☐ **Room 2D** (you set-up & take down) - 6-ft. tables (1 maximum), 18 chairs **AV equipment not available**

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 _____