

BEAUFORT COUNTY LIBRARY MEETING ROOM BOOKING SLIP

Branch: _____

Date of Meeting: _____

Time In: _____ Time Out: _____

Anticipated Attendance _____

Name of Organization: _____

Individual responsible for booking/monitoring the room: _____

Mailing Address: _____

Contact Person: _____

Phone number & email of contact person: _____

Title and Purpose of Program/Meeting _____

This meeting/program is open to public: Yes _____ No _____

- Meeting rooms are available only during regular library hours.
- A \$50.00 refundable deposit is required.
- Library staff may attend a program/meeting for monitoring purposes.
- All publicity should state the correct name and address of the Library and make it clear that the Library is not the sponsor.

Setting up and breaking down of the room is the sole responsibility of the organization using it. Time should be allocated within the time requested for this activity. Furniture must be returned to the original arrangement. The \$50.00 deposit will be refunded once the room has been restored to its original state.

I have read the Meeting Room Use Policy and our organization will adhere to the rules stated.

Print name: _____ Signature: _____

Date: _____

9/9/09