

Questa Public Library

Meeting Facility Form

Please review the Library meeting room policy - then complete and submit form to the Librarian for approval.

Name of Organization: _____

Purpose of meeting: _____

Date of meeting: _____ Number of people attending: _____

Time of meeting: _____

Contact Person: _____

(If the staff is asked for information about your meeting, the name and telephone of the contact person will be released.)

Mailing Address: _____

Telephone number(s): _____

E-Mail: _____

QPL Card Number: _____

On behalf on my organization, _____

I accept responsibility for the Library meeting room, equipment, and adjacent restrooms during the time they are being used by my group, and I agree to comply with all Library policies and guidelines.

Signature: _____

Date: _____

Approval signature and date: _____