

Meeting Information

Contact Name:							
First Group/ Organization:		М.І.				Last	
Brief Description of Meeting/ Program:							
Category of Use:		Educational/ Intellectual Cultural Charitable Other					
Preferre	ed Space:	Meeting Room Colla	boration Roo	m Study Room	I		
Expecte Attenda		Dates Neede	d:				
Contact Information							
Mailing Address:							
City:			State:	e: Zip Code:			
Phone: Email:							
Library Card Number:							
	RESPONSIBILITY AGREEMENT: I have read and on behalf of the above listed name/organization agree to be bound by the "Laurens County Public Library System for Public Use of Meeting Rooms" and rules established to govern the use of the Library's rooms. I understand that I am responsible for damages, repairs or special cleaning needs to Library facilities, furnishings and equipment resulting from use – and that failure to comply with any aspect of the policy may result in immediate or future loss of room privileges.						
Signatu	ıre:	Date:					
Additional Information							
Meeting Space Fees – Check all that apply.							
☐Television: \$50.00							
	Food and Beve						
	Cleaning Deposion of the contract of the contr	it: \$150.00 Additional for food					
(Cleaning Deposit is refundable if room is left clean and in order.)							
STAFF USE ONLY							
Approved		Not Approved		Space Not Available		Received By:	
Entere	d on Calendar	Contact Notified:		1 1			
Fees	\$	Received On:		1 1		Staff Initials	