



Lafourche Parish Public Library Meeting Room Usage Application Form

Library: _____

Organization requesting usage of meeting room: _____

Organization's Address: _____

Organization's Phone Number: _____

Meeting/Activity to be conducted: _____

Date requested: _____

Time requested: _____

Contact person: _____

Phone number(s) of contact person: (home) _____

(work) _____

(cell) _____

Email address of contact person: _____

My organization is aware of all restrictions/requirements of meeting room usage as set forth in the **Lafourche Parish Public Library Meeting Room Policy**. As a representative of my organization, I agree that all policies will be followed.

Signature _____ Date _____