Lafourche Parish Public Library Meeting Room Usage Application Form

Thibodaux Branch Only

| Library: | | | |
|---|------------------------------------|-----|--|
| Organization requesting usage of meeting room: | | | |
| | | | |
| | | | |
| Organization's A | Address: | | |
| | | | |
| | | | |
| Organization's Phone Number: | | | |
| Meeting/Activity to be conducted: | | | |
| | | | |
| Date requested: | | | |
| Time requested: | Begin | End | |
| Room requested: Place a check mark beside which room is needed. | | | |
| | Activity Doom (40.70 noonle) | | |
| | Activity Room (10-70 people) | | |
| | Teen Conference Room (1-10 people) | | |
| | Conference Room (5-15 people) | | |
| | Circ Study Room (1-4 people) | | |
| | Adult Study Room (1-4 people) | _ | |
| | Adult Study Room (1-4 people) | _ | |
| | Computer Lab (11 computers) | - | |
| | | | |
| 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 for 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 | | |