



APPLICATION FOR USE OF THE SCHAFFNER WING

DATE: _____

NAME OF GROUP: _____

NAME AND TITLE OF PERSON RESPONSIBLE: _____

ADDRESS: _____ **TEL:** _____

PURPOSE FOR USE OF ROOM: _____

DATE AND HOURS FOR WHICH ROOM IS REQUESTED: _____

ANTICIPATED NUMBER IN ATTENDANCE: _____

IS MEETING OPEN TO THE PUBLIC? _____

WILL ADMISSION BE CHARGED? _____ **HOW MUCH?** _____

FUND RAISING? _____ **FOR WHAT ORGANIZATION?** _____

TO COVER EXPENSES? _____ **OTHER?** _____

WILL FOOD/ REFRESHMENTS BE SERVED? _____ **WHAT KIND?** _____

WILL LIBRARY PROJECTOR AND SCREEN BE NEEDED? _____

.....

We have read and agree to abide by the General Policy and Responsibilities governing the use of the Schaffner Wing.

GROUP: _____

SIGNATURE OF AUTHORIZED REPRESENTATIVE: _____

ADDRESS: _____ **TEL:** _____

.....

We acknowledge receipt of the Library key and agree to return it within 24 hours.

SIGNATURE: _____ **DATE:** _____

TEL: _____