



Meeting Room Application

(Please refer to the Room Use Policy for rules and details of use)

Organization/Business Name _____

____ For-profit ____ Nonprofit (please check one, and on the line below, briefly describe the nature or purpose of the organization/business)

Contact Person _____ Title _____

Address _____

Phone _____ Email _____

Room requested (check one)

____ Willaman Community Commons (25-person capacity)

____ Board Room (15-person capacity)

Event date _____ Day of Week _____

Start time _____ End Time _____ Guest Estimate _____

Purpose of meeting _____

Do you need to use the overhead projector, screen, speakers, microphone or laptop? _____

(Note—the Board Room does not have an amplification system)

Signature of person submitting the application

Date

By signing this application, you affirm that you have read the Room Use Policy and agree that your organization/business will abide by its guidelines.

For Staff use only:

Request received (date) _____

____ Proof of insurance ____ Copies of flyers/advertisements ____ User fee

Disposition of application/comments _____

Staff signature/date _____