## Troy-Miami County Public Library Application for Meeting Room Use

| *Address:*City:*Zip:* *Phone:  | *Organizatio           | on:                   |                       |                   |                                    |  |
|--|------------------------|-----------------------|-----------------------|-------------------|------------------------------------|--|
| *Person Reserving Room:  *Your Library Card Number:  *Your Position with the Organization  *Phone:  Email:  *Purpose of Meeting:  *Location:  Troy Library Meeting Room  MakerLab Study Room  MakerLab Meeting Room  MakerLab Study Room  Pleasant Hill Meeting Room  *Day(s) & Date(s) & Times requested (request up to six):  Example:  Day Monday Date: Time:  Day:  Date: Time:  Day: Date: Time:  Day: Date: Time:  Day: Date: Time:  Day: Date: Time:  Day: Date: Time:  Day: Date: Time:  Day: Date: Time:  Completion of this application I acknowledge that I have read and agree to the Meeting Room Use Policy.  *Signature:  *Date:  *Date:  *Date:  *Date:  *Date:  *Date:  *Day: Date: Time:  Day: Date: Time: Day: Day: Date: Day: Day: Day: Day: Day: Day: Day: Day  |                        |                       |                       |                   |                                    |  |
| *Person Reserving Room:  *Your Library Card Number:  *Your Position with the Organization  *Phone:  Email:  *Purpose of Meeting:  *Location:  Troy Library Meeting Room  MakerLab Study Room  MakerLab Meeting Room  MakerLab Study Room  Pleasant Hill Meeting Room  *Day(s) & Date(s) & Times requested (request up to six):  Example:  Day Monday Date: Time:  Day:  Date: Time:  Day: Date: Time:  Day: Date: Time:  Day: Date: Time:  Day: Date: Time:  Day: Date: Time:  Day: Date: Time:  Day: Date: Time:  Completion of this application I acknowledge that I have read and agree to the Meeting Room Use Policy.  *Signature:  *Date:  *Date:  *Date:  *Date:  *Date:  *Date:  *Day: Date: Time:  Day: Date: Time: Day: Day: Date: Day: Day: Day: Day: Day: Day: Day: Day  | *Phone:                |                       |                       |                   |                                    |  |
| *Your Library Card Number:  *Your Position with the Organization  *Phone:  Email:  *Purpose of Meeting:  *Location:  Troy Library Meeting Room _ Troy Library Study Room _MakerLab Meeting Room _ MakerLab Study Room _ Pleasant Hill Meeting Room  MakerLab Meeting Room _ MakerLab Study Room _ Pleasant Hill Meeting Room  *Day(s) & Date(s) & Times requested (request up to six):  Example:  Day Monday Date:   | *Estimated Attendance: |                       |                       |                   |                                    |  |
| **Your Position with the Organization*Phone:   | *Person Rese           | erving Room:_         |                       |                   |                                    |  |
| *Phone:  | *Your Libraı           | ry Card Numbo         | er:                   |                   |                                    |  |
| *Purpose of Meeting:  * Location:Troy Library Meeting RoomTroy Library Study RoomMakerLab Meeting RoomMakerLab Study RoomPleasant Hill Meeting Room  *Day(s) & Date(s) & Times requested (request up to six):  Example: Day Monday Date: Oct. 30, 2022 Time: 4-6 p.m.  Day:Date:Time:Day:Date:Time:Day:Date:Time:Day:Date:Time:Day:Date:Time:Day:Date:Time:Day:Date:Time:Day:Date:Time:Day:Date:Time:Day:Date:Time:Day:Date:Time:Day:Date:Time:Day:Date:Time:  | *Your Positio          | on with the Org       | ganization            |                   |                                    |  |
| * Location: _ Troy Library Meeting Room _ Troy Library Study Room _ MakerLab Meeting Room _ MakerLab Study Room _ Pleasant Hill Meeting Room _ MakerLab Meeting Room _ MakerLab Study Room _ Pleasant Hill Meeting Room _ MakerLab Meeting Room _ Pleasant Hill Meeting Room _ MakerLab Meeting Room _ Pleasant Hill Meeting Room _ Meeting Room _ Pleasant Hill Meeting Room _ Meeting Room _ Pleasant Hill Meeting Room _ | *Phone:                |                       |                       | Email:            |                                    |  |
| MakerLab Meeting Room MakerLab Study Room Pleasant Hill Meeting Room  *Day(s) & Date(s) & Times requested (request up to six):  Example: Day Monday Date: Oct. 30, 2022 Time: 4-6 p.m.  Day:   | *Purpose of <b>N</b>   | Meeting:              |                       |                   |                                    |  |
| *Bay(s) & Date(s) & Times requested (request up to six):  Example: Day Monday Date: Oct. 30, 2022 Time: 4-6 p.m.  Day: Date: Time:  Day: Date: Time:  Completion of this application does not guarantee meeting room space will be available.  *REQUIRED INFORMATION  **REQUIRED INFORMATION  | * Location: _          | Troy Library l        | Meeting Room          | Troy Library      | Study Room                         |  |
| Example: Day Monday Date: Oct. 30, 2022 Time: 4-6 p.m.  Day: Date: Time: Completion of this application does not guarantee meeting room space will be available.  *REQUIRED INFORMATION  **Library Use Only:  | MakerLab               | Meeting Room          | ı MakerLab Stı        | ıdy Room _        | Pleasant Hill Meeting Room         |  |
| Day: Date: Time:  *By submitting this application I acknowledge that I have read and agree to the Meeting Room Use Policy.  *Signature:*Date:  *Completion of this application does not guarantee meeting room space will be available.  *REQUIRED INFORMATION  *Library Use Only:   | Example: <u>Da</u>     | ny Monday Dat         | te: Oct. 30, 2022     | Time: 4-6 p       | <u>o.m.</u>                        |  |
| Day: Date: Time:  *By submitting this application I acknowledge that I have read and agree to the Meeting Room Use Policy.  *Signature: *Date:  Completion of this application does not guarantee meeting room space will be available.  *REQUIRED INFORMATION  *Library Use Only:   |                        |                       |                       |                   |                                    |  |
| *By submitting this application I acknowledge that I have read and agree to the Meeting Room Use Policy.  *Signature:*Date:  |                        |                       |                       |                   |                                    |  |
| *By submitting this application I acknowledge that I have read and agree to the Meeting Room Use Policy.  *Signature:*Date:  |                        |                       |                       |                   |                                    |  |
| *By submitting this application I acknowledge that I have read and agree to the Meeting Room Use Policy.  *Signature:  |                        |                       |                       | <del></del>       |                                    |  |
| *Signature:*Date:*Date:  |                        |                       |                       | vo road and agree | on to the Meeting Pears Use Policy |  |
| *REQUIRED INFORMATION  Library Use Only:   | By submitting          | inis application I ad | cknowledge that I hav | ve read and agre  | ee to the Meeting Room Use Policy. |  |
| *REQUIRED INFORMATION  Library Use Only:   | *Signature:_           |                       |                       |                   | *Date:                             |  |
| Library Use Only:  | Completion of          | f this application    | n does not guarant    | ee meeting ro     | om space will be available.        |  |
|  | *REQUIRED              | INFORMATIO            | N                     |                   |                                    |  |
| Approved Y N by: Date:   | Library Use Only       | y:                    |                       |                   |                                    |  |
|  | Approved Y             | . N by:               |                       |                   | Date:                              |  |