

Pinson Public Library Room Application

Which room are you interested in using? *(Please circle one)* **Event Room** **Board Room**

Organization/Group Name: _____

Applicant's Name: _____

Home Address, City, ZIP _____

Home phone _____ Cell # _____

Email: _____

Alternate contact Name: _____

Home # _____ Cell # _____

Is the group non-profit? Yes No Expected attendance _____

Purpose of meetings _____

For a one-time meeting

Time requested: From _____ AM/PM To _____ AM/PM

Dates: _____

Ongoing meetings for January to December

(usage fees may apply)

Time requested: From _____ AM/PM To _____ AM/PM

Month to start _____

Week of the month: 1st 2nd 3rd 4th 5th

Day of the month: Mon Tue Wed Thu Fri Sat

I have read and understand the regulations governing the use of the Pinson Public Library facilities and I agree to comply with them. I understand by signing below I assume financial responsibility of any damages beyond normal usage of the meeting room.

Signature: _____ Date: _____

Print Name: _____

The Pinson Public Library Board reserves the right to refuse a reservation to anyone who fails to meet the PPL Meeting Room Regulations. The Board reserves the rights to withdraw a previously approved reservation at any time with or without prior notice.