

Date Received:

CAROLINE COUNTY LIBRARY

17202 RICHMOND TURNPIKE MILFORD, VIRGINIA 22514 804-633-5455 804-633-9069 (FAX) WWW.CAROLINELIBRARY.ORG

Meeting Room Application

Date of Application: (R	deservations may not be made more than 2 mon	ths in advance.)
Organization Name:		
Address:		
	Email:	
Responsible Party Name:	Phone:	
Name of Event:		
Is this event for (Check if applicate Commercial purposes, like buying	ole): A private event? Fundrais s, selling, or marketing? A candi	ing? date campaign?
Will there be an admission fee cha	arged to attend the event? Yes N	No
Date(s) of Requested Room Use:		
	End Time: outside of normal hours of operation and all pro	
Number of Expected Attendees: _		
Room Requested (Choose one): F	Bowling Green Ladysmith	_ Dawn
Equipment Requested:		
Special Requests:		
and agree to abide by all the regulatelephone number to anyone inqui	The Policy on Use of Meeting Rooms, ations in the policy. The Library may gring about this program. I/We will hold to property or persons while our group	give out my name and d the Caroline County
Signature:	Date:	
Dawn Branch 1046 Richmond Turnpike	LADYSMITH BRANCH 7199 CLARA SMITH STREET RUTHER GLEN, VIRGINIA 22546	PORT ROYAL BRANCH 419 KING STREET PORT ROYAL, VIRGINIA 22535

*** In Office Use ***

Date Approved: _____

Staff Initials: _____