



**Walworth-Seely**  
PUBLIC LIBRARY

## Meeting Space Use Request Form

*The Walworth-Seely Public Library Board of Trustees subscribes to the tenets of the Library Bill of Rights, which states in part, "Libraries which make exhibit spaces and meeting rooms available to the public they serve should make such facilities available on an equitable basis, regardless of the beliefs or affiliations of individuals or groups requesting their use."*

Name of organization (if applicable): \_\_\_\_\_

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Other phone: \_\_\_\_\_ Email: \_\_\_\_\_

Requested date of use: \_\_\_\_\_ Estimated Size of Group \_\_\_\_\_

Requested time of use: from \_\_\_\_\_AM/PM to: \_\_\_\_\_AM/PM

Room Preference\*  Entire Room  Divided Larger Room  Divided Smaller Room

*\*Preference is not guaranteed and will be based on group size and room availability*

What is the intended purpose of use for the space: \_\_\_\_\_

\_\_\_\_\_

Did you receive a copy of our Meeting Space Use Policy?  yes  no

*I have read the Use of Meeting Space Policy and agree to abide by all aspects of this policy. By signing below I acknowledge the policies of the Walworth-Seely Public Library and that a violation of this agreement could result in the cancellation of my request or future use of space.*

\_\_\_\_\_  
Signature Date signed

REQUEST APPROVED: \_\_\_\_\_

Director Signature

Date signed