

Ruth Hughes Memorial District Library

Application to Use the Conference Room

Date of request _____

Date of use _____ Time of use _____

Name of Corporation/Organization/Individual _____

Street address _____

City and State _____ Zip code _____

Telephone _____

Purpose of meeting or program _____

Equipment Reservation: Projector TV/VCR/DVD Player

Number attending _____

Name of responsible person _____

Signature of responsible person _____

Approved _____ Date _____

*Adopted at the Regular Meeting January 2016
Revised April 2016, May 2017*