



El Dorado County Library Application for Use of Meeting Room

Name of department, group or organization: _____

Is this event sponsored by, or affiliated with a private company or companies? Yes ____ No ____

If Yes, explain: _____

Name of representative: _____

Daytime phone: _____ Evening phone: _____

Library site requested: _____

Requested date and time: _____

Purpose of meeting: _____

Where shall we direct inquiries about this event/meeting? _____

Will food be served? Yes ____ No ____

Size of group: _____ If children are attending, number of chaperones: _____

I have read and will abide by the El Dorado County Library Policy for Use of Meeting Room:

Signature of applicant: _____ Date: _____

The Library reserves the right to deny or cancel use of the facility to any group which is not eligible under the requirements of the El Dorado County Meeting Room Policy.

Staff Use Only:

Application approved: _____ Denied: _____

Amount Paid: _____ Receipt #: _____ Staff initials: _____

Notes: