

CONFERENCE AND STUDY ROOM APPLICATION

Date Needed _____ Time Needed: From: _____ to _____

Name of Group _____

Brief Description of Purpose of Group _____

Name of Contact Person Making Reservation: _____

Title: _____

Address: _____

Phone: _____

Email: _____

Seating for how many? _____ Study Rooms seat three people. Conference Room seats 10.

Evening meetings must end and the room be vacated by 8:15 P.M. The person whose signature is on this form is responsible for adherence to regulations and policy and shall be liable to the Village for damage.

I am applying for permission to use the Conference or a Study Room of the Palm Springs Public Library. I agree to the Conference/Study Room Policy. I have received a copy of and understand all the terms of the policy.

Signature of Person Making the Request

Date