

APPLICATION FOR USE OF MEETING ROOMS

Name of Organization:			
Contact Name:			
Address:			
City:	Zip:		
Telephone:	Presid	President:	
Email:			
Payment is due at least 24 hours	,	☐ For-Profit \$175.00 (per use) meeting. If payment has not been received considered cancelled.	
Date of Application:	Expected number of Attendees:		
Date(s) and Time(s) Requested:			
Room Set-up: Not available Saturdays or Sunday Equipment will be needed from Laptop OWL Technology		□ Podium	
Purpose/Function of Organization	on:		
Literature to be distributed:			
•	the Library's written consent could re	orogram is not sponsored by the Abington Township sult in the cancellation of your reservation. Groups may	
	GOVERNING THE USE I AGREE TO COMPLY W	OF THE LIBRARY MEETING ROOMS ITH THEM***	
Office Held in Organization:	Signa	ture of Applicant:	
Address:			
City:	Telep	hone:	
Zip:	Email	:	