

YORK COUNTY LIBRARY
APPLICATION FOR MEETING ROOM USE

Date and time requested: _____

Name of organization: _____

Purpose of use: _____

Name of contact person: _____

Title/role of contact person: _____

Address of contact person: _____

Phone number: _____ Alternate phone number: _____

York County Library card number: _____

My signature below signifies that I have read the York County Library Meeting Room policy and agree to abide by all of its requirements.

Signature: _____ Date: _____

For staff use only:

Application received and approved by: _____

Date: _____

\$25.00 deposit received by: cash _____ check _____

Room checked by: _____ Date: _____

Deposit returned by: cash _____ check _____

OR

Deposit refused because: _____
