**Mono County Library**

**Mammoth Lakes Branch**

**Meeting Room Request**

Today’s Date Date(s) of Event Event Times

Applicant’s Name

Name of Organization

Mailing Address

Phone (Cell) (Office)

E-mail Address

**Description of Event**

Size of Group Charge for Event ⬜ Yes ⬜ No

**Room Requested:** ⬜ Ellie Randol Reading Room ⬜ Small Conference Room

**Equipment Requested:** ⬜ Screen ⬜ Dry Erase Board ⬜ Projector ⬜ Laptop ⬜ Coffee Maker

**My signature below indicates:**

* I have read, understand and agree to the Mono County Meeting Room Policies;
* I understand that ALL cancelations must be made 24 hours in advance;
* Only those listed on this application can make changes to reservations;
* Reservation date/times INCLUDE set-up and cleanup;
* Reservations are subject to availability, approval, and payment if required and must be confirmed prior to all events.

Signature Date

Printed Name

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Request Approved by Branch Manager or County Library Director

Date Approved Applicant Confirmation Date

**Hourly Fees Collected** ⬜ Yes ⬜ No **Deposit Collected** ⬜ Yes ⬜ No **Amount Collected**

Notes