



CABELL COUNTY
PUBLIC LIBRARY

MEETING ROOM APPLICATION

Ph: 304-528-5700

Fax: 304-528-5866

Email: meetingrooms@cabellcountylib.org

TODAY'S DATE: _____

NAME OF GROUP/ORGANIZATION (No Abbreviations): _____

Profit or Non-Profit Group/Organization.

DATE OF EVENT(S): _____

(You may reserve rooms for events in a series for a limited time. Generally meeting rooms should be scheduled no more than 3 months in advance.)

BEGINNING TIME OF EVENT(S): _____ ENDING TIME OF EVENT(S): _____

CONTACT PERSON(S): _____

TELEPHONE NUMBER(S): _____

EMAIL: _____

STYLE OF SEATING (SEE LAYOUTS ON REVERSE SIDE): _____

NUMBER EXPECTED TO ATTEND: _____

PLEASE CHECK ITEMS REQUESTED:

KITCHEN (\$15 Donation for Cleaning): MARKER BOARD: PROJECTOR: MICROPHONE:

WiFi PASS: PLEASE SPECIFY HOW MANY YOU WILL NEED: _____

OTHER: PLEASE SPECIFY: _____

SPECIAL NEEDS: _____

A VALID CABELL COUNTY LIBRARY CARD IS REQUIRED TO CHECK OUT ALL EQUIPMENT AND CABLES.

THE PATRON IS RESPONSIBLE FOR MAKING SURE ALL EQUIPMENT IS COMPATIBLE.

CARD # _____

PATRON NAME: _____

SIGNATURE OF APPLICANT: _____

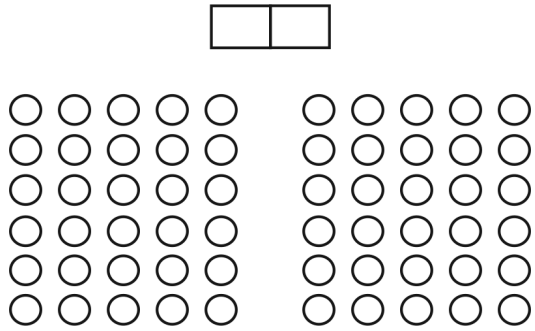
Meeting rooms are free for any non-profit organization. There will be a charge for profit making organizations which is due at the time of reservation. All meetings are open to the public. If use of the meeting rooms involves food and/or beverages we request a \$15.00 donation to defray the cost of cleaning and trash removal. Meeting room reservations are not guaranteed if there is a conflicting event and/or the application is returned the week of the event. For more information please contact the Meeting Rooms Coordinator.

LIBRARY USE ONLY

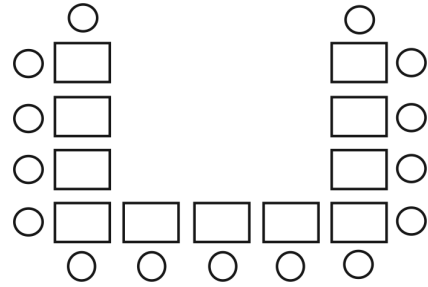
PERSON TAKING APPLICATION: _____ AMOUNT PAID: _____

DATE APPLICATION ACCEPTED: _____ MEETING ROOM ASSIGNED: _____

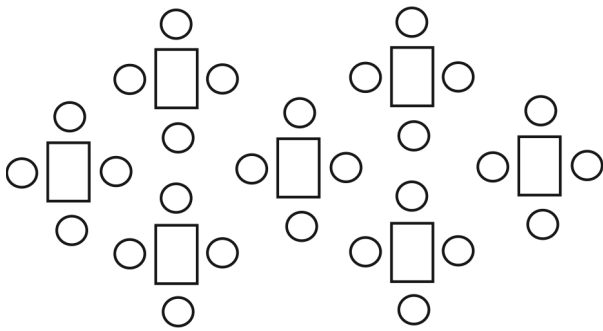
#1 Theater



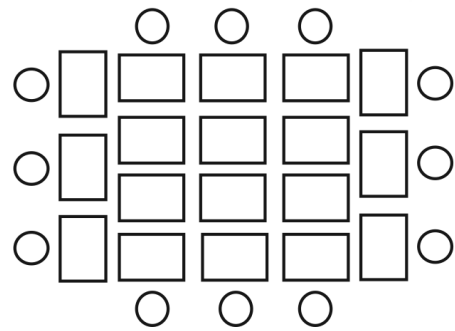
#2 U-Shape



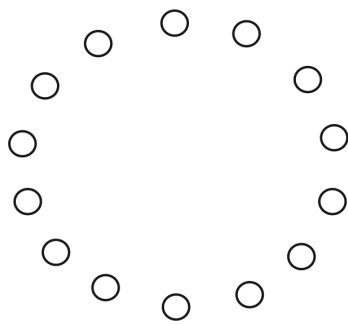
#3 Dinner



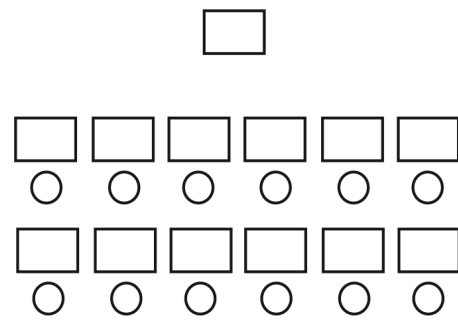
#4 Conference



#5 Circular



#6 Classroom



#7 Design Your Own

