

PORT AUSTIN TOWNSHIP LIBRARY

Port Austin, Michigan

MEETING ROOM APPLICATION

NAME OF GROUP / PERSON: _____

Request Initiated by: _____

Telephone: _____ Address: _____

City: _____ State: _____ Zip Code: _____

Is the requesting person a Port Austin Township Library card holder ? YES / NO

Please describe the activity planned: _____

Is this activity sponsored by a Non-profit group ? YES / NO

Is this activity a library sponsored program ? YES / NO

Is this activity non-library related ? YES / NO
(If yes, a \$50.00 booking charge will be assessed)

Date of Meeting: _____ Time: _____

* Meetings may not exceed 3 hours.

** Requests for meeting times during non-library operating hours may be made for an additional fee at the discretion of the Library Director.

1. Persons requesting the use of library space have received the **Port Austin Township Library's Policy and Regulations** prior to completing this request.

Date received: _____ Signature - Library personnel: _____

2. Any publicity about this activity must contain the phrase "***Although this group will meet at the Port Austin Township Library, it is in no way affiliated with the library.***"

3. **Booking Charge (\$50.00) received by** _____ **Date** _____

4. **Damage Deposit (\$50.00) received by** _____ **Date** _____