

MEETING ROOM REQUEST FORM
BRAZIL PUBLIC LIBRARY
204 N. WALNUT STREET
PH 812 448 1981
FAX 812 446 3215

DATE OF REQUEST _____ DATE CONFIRMED _____

NAME OF ORGANIZATION _____

ADDRESS _____

PHONE _____

FAX _____

DATE OF MEETING _____ NUMBER OF ATTENDEES _____

BEGINNING AT _____ ENDING AT _____

PURPOSE OF USE _____

EQUIPMENT REQUESTED (\$10.00) _____

NAME OF PERSON REPRESENTING THE ORGANIZATION _____

DONATION: (1-4 HOURS) \$50.00 _____

DONATION: (MORE THAN 4 HOURS) \$100.00 _____

Signature of responsible party _____

Staff Signature _____

Date of Request _____