

Greeneville-Greene County Public Library

BIG SPRING ROOM APPLICATION FOR USE

Requesting organization or individual _____

Address _____

Phone _____ E-mail _____

Check one: Local Government _____ Non-profit _____ Community Group _____
 Commercial _____ Individual _____

Contact name _____

Address _____

Phone _____ E-mail _____

Date(s) room needed _____ Start time _____ End time _____

Refreshments to be served and/or access to kitchen requested? Yes _____ No _____

Purpose of meeting _____

Anticipated attendance _____ Total room fee _____

Tables needed _____ Chairs needed _____ Equipment needed _____

I have received a copy of the Big Spring Room Policy, and, on behalf of my organization, agree to comply with its terms.

Signature _____ Date _____

Approved _____ Denied _____ Date _____
Fees assessed _____
Signature of Library Director or Library Board member _____