

YORK COUNTY PUBLIC LIBRARY
Tabb Meeting Room Application

Date of Application: _____

Time: _____

RESERVATION INFORMATION:

Room Requested: Tabb Library Meeting Room, 100 Long Green Blvd, Yorktown, VA 23693

Optional Items Requested: Multimedia LCD Projector Cables to connect your laptop to Projector Kitchen Access

Date of Meeting: _____ Start Time: _____ End Time: _____

GROUP INFORMATION:

Name of Organization: _____

Is the organization nonprofit? Yes No Estimated Attendance: _____

Type of Organization: Civic Homeowner's Association Religious
 Educational Other (*specify*) _____

Detailed description of meeting:

CONTACT INFORMATION:

Applicant's Name:

Applicant's Address:

Phone: _____ Email: _____

I have read and agree to abide by the policy governing the use of the meeting room and accept responsibility for the room and any damages.

Applicant's Signature: _____ Date _____
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Librarian's Signature: _____ Date _____

Approved: Yes No

If not approved, state reason:

