Updated 01/21/11

YORK COUNTY PUBLIC LIBRARY
Meeting & Conference Room Application

Date of Application:	**Time:**
Room Requested: ◯ Tabb Meeting Room (fax to 890-5127) 100 Long Green Blvd.	◯ Yorktown Meeting Room (fax to 890-2956) 8500 George Wash. Memorial Hwy.

GROUP INFORMATION:

Name of Organization:		
Type of Organization: ☐ Civic ☐ Educational ☐ Religious Other (*specify*) _____		
Applicant's Name:		
Applicant's Address:		
Business Phone:	Home Phone:	E-mail:

MEETING INFORMATION:

Date of Meeting:	Start Time:	End Time:
Estimated Attendance:	Open to the Public? ◯ Yes ◯ No	
Detailed description of meeting and its purpose:		

EQUIPMENT NEEDED:

		☐ DVD Player	
☐ Tables	☐ Coffee Pot	☐ LCD Projector	☐ Cables to connect patron laptop
☐ Chairs	☐ Punch Bowl *	☐ Transparency Projector	☐ White Board *
☐ Kitchen	☐ VCR	☐ Opaque Projector	☐ Slide Projector*

*York Only

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 _____

Librarian's Signature: _____ Date _____

Approved: □ Yes □ No

If not approved, state reason:

_____

_____

_____

Print Form