WAUKESHA PUBLIC LIBRARY - APPLICATION FOR USE OF COMMUNITY ROOM

When not needed for library activities, the Community Room is available for use by Waukesha County non-profit organizations during the hours that the library is open, Monday-Saturday. Each organization is limited to two meetings per month. A second meeting will be allowed only if the room has not been reserved five business days (Monday-Friday) prior to the date requested. Requests received less than five business days prior to a requested meeting date will not be approved. Please allow time for set-up and clean-up in addition to the program time. The room must be vacated fifteen minutes before the library closes. No admission or registration fees may be charged. Do not notify members of your group or consider the room reserved until you have received written confirmation from Waukesha Public Library.

Date of your meeting			What time would you like the room open?				
What time does your meeting start?			What	What time does your meeting end?			
Name of your o	rganization and dep	partment					
Is this a Wauke	sha County non-pro	ofit organization?		Yes	No		
Purpose of your	meeting						
Estimated atten	dance	(Room seat	s a maximum of	65 persons. Fire	e code limit of 9	96.)	
Number of chai	rs needed	_	Numl	per of tables nee	eded	_	
Place a check n	nark in front of the	equipment you ar	re requesting:				
TV se	et with Blu-ray/DV	D player	Projec	etion screen (Li	brary does not s	supply projector.)
If you plan to so	erve food/beverages	s, please describe	what you will be	e serving.			
	l light snacks are a		approval is obta	ined. Full mea	als may not be	served. Coffee	pots are
or Library or po Library will no requires that an	or the preservation ersonal property, or to be responsible for y group utilizing the ting or materials	loss of Library any materials, ene meeting room	or personal proper equipment, or per comply with the	erty that may re rsonal belonging provisions of the	sult from this ugs left in the bune Americans w	se. The Waukes ilding. The Libra rith Disabilities	sha Public ary Board
Date of application			Signature of applicant				
Name of applic (Inquiries from will attend the I	ant (Please print) _ the library or the princeting.)	ublic will be dire	cted to this conta	ct person, who	must reside in V	Vaukesha County	and who
Address:					·		
City		Zip code	F	Email address			
Home phone # Work		hone #		Fax #			
Would you like	to be notified of yo	our room confirm	ation by (check of	one) fax	, mail	_, or email	?
A	Application forms at Comple or by mail to 321	eted forms should	l be submitted in	person at the Re	eference Desk,		
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Taken by	Approved	Notice sent	For Library Use Ref. cal.	Only Circ. cal.	Web cal.	Maint.]