## FORT BEND COUNTY LIBRARIES **University Branch Library**

14010 University Blvd. • Sugar Land, TX Phone: 281-633-5100 • Fax: 832-471-2461 Email: <u>ubpublic@fortbend.lib.tx.us</u>



## APPLICATION FOR USE OF MEETING ROOM

This room reservation will not be confirmed until the library contacts you.

1.	Name of organization	
2.	the regulations set up by Commissioners Cou	ization agrees that this meeting will be held in accordance with urt concerning the use of the library's meeting rooms. Any The person responsible for making a meeting room application for the group.
	Meeting Topic	
	Name	
	Address	
	Phone number	Email
3.	Rooms and equipment available. Please place	e a check mark by the items you will need:
	\· \· \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Meeting Room 2 (you set up/take down)  Chairs (50 maximum) 6-ft. tables (10 maximum) Lectern Easel Dry-erase board (bring your own markers/eraser)  1 table, 14 chairs, Dry-erase board (bring your own markers/eraser) 1 table, 8 chairs, Dry-erase board (bring your own markers/eraser)
4.	Meeting Date	
5.	Time of meeting	_ to
6.	Set-Up Time	to
7.	Approximate Number of Attendees Expected	
8.	Will food be served? $\square Y$ $\square N$	Will it be catered? ☐Y ☐N
۱h	ave read and agree to adhere to the library	's Meeting Room Policy.
	Signature	
FC	OR STAFF USE	
Da	ate rec'd Time rec'd	Rec'd by Date group notified
Branch Manager Signature		Approved?
Ca	alendar Entry	