



Tracy Public Library Meeting Room Application



Applicant Information

Name of Organization or Group: _____ Date: _____

Daytime phone: _____ Email: _____

Date needed: _____ From: _____ To: _____

Name/purpose of meeting: _____

Open to public: Yes _____ No _____

Expected attendance: _____

Room Requesting: Hyland Community Room (capacity 60) _____ Conference Room (capacity 15) _____

Technology: Yes _____ No _____

Available hours: Monday-Friday 10 a.m.-6 p.m., Saturday 10 a.m.-12 p.m. (including time to set up and tear down).
Exceptions may be made depending on staff availability. No events will be held on Sundays.

I have read and agree to abide by all appropriate policies and guidelines:

Applicant signature: _____ Date: _____

Library Staff Use Only

Staff person taking application: _____ Date: _____

Approval

Director: _____ Date: _____

Assigned room & fees: Conference Room _____ Hyland Community Room _____ Technology _____

Total fees applicable: _____

Fees paid: _____ Date: _____

Denied/Reason: _____ Date: _____

TRACY PUBLIC LIBRARY

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