

# CARNEGIE MEETING ROOM APPLICATION

Winchester Community Library \* 125 North East Street \* Winchester, IN 47394  
PHONE 765-584-4824 \* FAX 765-584-3624 \* wincomlib@yahoo.com

The meeting room is rented on a first-come, first-serve basis. Room is not reserved until the library has received a properly completed application and the Director has approved it. The library will send confirmation of the reservation. Applicant/applicant organization is subject to Winchester Community Library Meeting Room Policy. Please print or type.

Today's date \_\_\_\_\_

Applicant name (Individual, Group, Entity, Organization) \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ FAX \_\_\_\_\_ Email \_\_\_\_\_

Person applying \_\_\_\_\_ Title \_\_\_\_\_

Purpose of meeting/Agenda/Activities \_\_\_\_\_

Requested date \_\_\_\_\_ Attendance expected \_\_\_\_\_

Time: Commence \_\_\_\_\_ Adjourn \_\_\_\_\_

*Please note that room is only available to the public during normal library business hours.*

Will food be served at meeting? YES \_\_\_\_\_ NO \_\_\_\_\_

FEES: (Please check all that apply)

ROOM RENTAL FEE \_\_\_\_\_ \$25 (Non-profit/Individual)  
\_\_\_\_\_ \$50 (For profit/Business)  
DEPOSIT \_\_\_\_\_ \$50 Deposit for serving food

*If paying by check, please provide separate checks for room rental fee and food deposit. Thank you.*

I have received and read the library's Meeting Room Policy and agree to abide by all of its provisions.

SIGNATURE \_\_\_\_\_

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For office use only – Applicant please do not write below dotted line

Application accepted \_\_\_\_\_ Rejected \_\_\_\_\_ Total fees owed \_\_\_\_\_

SIGNATURE OF DIRECTOR OR ASSISTANT DIRECTOR \_\_\_\_\_

Confirmation sent to applicant \_\_\_\_\_

Payment received \_\_\_\_\_ Date \_\_\_\_\_ Deposit refunded (when applicable) \_\_\_\_\_

Notes: \_\_\_\_\_

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