

APPLICATION FOR USE OF MEETING ROOM

The Free Library of New Hope and Solebury

93 W. Ferry Street, New Hope, PA 18938

215-862-2330

Date of Meeting: _____

Time _____ to _____

Nature of Meeting _____

Name of Organization _____

Profit _____ Non-Profit _____ Tax exempt# _____

Anticipated attendance _____

Contact person _____

Phone _____

Address _____

Email _____

I have read the policy for use of the meeting room and agree to comply with all rules. I understand that Library programs and service take priority and may force cancellation of other scheduled meetings or events.

Signature of applicant _____ Date _____

Name of applicant (if different from contact person) _____

Phone (if different from contact person) _____

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FOR OFFICE USE ONLY

Approved _____ Yes _____ No By _____

Date Scheduled _____ Time _____ to _____

Fee Paid _____