

## Meeting Room Application

Applicant Information		
Group Name (if applicable):		
Contact Name:	Milwaukee County Library Card # (if available):	
Phone/Cell #:	Email:	
Address:		
City:	State:	Zip:
MEETING ROOM INFORMATION Room Availability – during Library Hours Only		
<i>Meeting room being requested:</i>  <input type="checkbox"/> Board Room (max 15 capacity) <input type="checkbox"/> Story Time Room (max 60 capacity) <input type="checkbox"/> Craft Room (max 25 capacity) <i>* CAPACITY may vary based on setup of seating and tables</i>	Date(s) Requested:  <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/> Sat  Setup Time: _____ Departure Time: _____	
Estimated Attendance:		
Accepting Liability of Meeting Room Use		
The undersigned, on behalf of the above named organization, <b>has read the <u>South Milwaukee Public Library's Meeting Rooms Policy</u> and agrees to comply with the policies, procedures and regulations</b> governing the use of meeting rooms at the South Milwaukee Library. <i>Signature of Applicant:</i> _____ <i>Date:</i> _____		
For Administrative Use Only		
Date Received:	Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date Notified:	If not approved, reason:	
Notes:		