



VERMILION PARISH LIBRARY

PO DRAWER 640 ABBEVILLE, LA 70511
405 E. ST. VICTOR ST. ABBEVILLE, LA 70510
337-893-2674 FAX: 337-898-0526

APPLICATION FOR USE OF MEETING ROOM

Organization _____

Organization Type (Please select by selecting the appropriate description)

- | | |
|------------------------------------|-----------------------------|
| Community-based civic organization | Partner agency |
| Charitable 501c3 organization | Recreational |
| Corporate entity | Religious |
| Cultural | Alumni planning groups |
| Educational | Project graduation planning |
| Professional | Homeschool organization |
| Governmental agency | Public hearings |

Head of Organization _____ Position _____

Phone # _____ Email _____

Library Card # _____

Organization Designee _____ Position _____

Phone # _____ Email _____

Library Card # _____

Address of Organization _____

Only those representatives listed on this form will be allowed to make room reservations. All organizations will need approval before any reservations will be accepted. Meeting room space booked under an organization may not be used for individuals, only for organization events. *Organizational approval does not mean automatic approval of room reservations.*

We have received, read, and understand the Vermilion Parish Library Meeting Room Policy and we agree that all functions held in the library will be in accordance with the established rules and regulations for meeting room usage. We further understand that my group may be moved into another meeting space or cancelled should a special circumstance arise. We accept full financial responsibility for all damage which may occur while using the library's meeting rooms. **It is the responsibility of the signee to make sure all meeting room policies are followed by the organization.**

Printed Name of Head of the Organization

Signature of Head of the Organization

Date

Approved by _____ Location _____ Date _____