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 Name					
Organization Type	e				
Address					
Date(s) Requested	d				
Head of Organizati	of OrganizationPosition				
Phone #	# Library Card #				
Organization Desig	n Designee Position				
	ne # Library Card # ail				
Available items for us					
Kitchen Dry Er	rase Markers	Portable	e PA	Projector & Remote	
will need approval be organization may not be	efore any reservations	s are acce only for or	pted. Meeti	room reservations. All organizations ng room space booked under an vents. Organizational approval does	
Room Policy and agree rules and regulations for	e that all functions held or meeting room usage s are followed by the	in the librar . It is the r organization	y will be in a esponsibiliton. Not follo	rmilion Parish Library Meeting ccordance with the established y of the signee to make sure all wing the policy may mean use of	
Printed Name of Head of Organization				Date	
Signature of Head	l of the Organization	n			
Date received:	Date confir	med:		Staff initials:	

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Checklist to Complete Before Exiting the Building:

- All lights must be turned off when leaving.
- Tables placed in orderly manner either in a square, straight lines or meeting setting. (Do not fold or remove tables without library permission first).
- Cardboard must be placed between the tables when placing them on the table cart or against one another.
- o Chairs must be stacked on the chair racks; no more than 10 chairs per rack.
- Doors to meeting rooms as well as the library's front entrance must be locked once everyone has left the building.
- The key can be returned in the book drop or handed in at the circulation desk with the completed attendance sheet in the bag provided by the Vermilion Parish Library.
- Failure to return the meeting room key(s) by the next day will result in a fine of \$5.00 per day for each day if the key is not returned.

ATTENDANCE:	
GROUP NAME:	-
SIGNATURE OF HEAD OF ORGANIZATION:	
DATE:	