

**SIMONI AND TRUSTEES
Room Use Application**

Name of Group _____

Date of Application _____

Type of Meeting _____

Date of meeting _____

Time of meeting _____

Room set up: number chairs, number of table, arrangement. Other available equipment requested. Kitchen supplies and utensils not provided.

Number of attendees expected _____

Hours of meeting _____

Person responsible _____

Address _____

Phone _____

Fax _____

I have read and agree to comply with the library policy.

_____ **Signature**