Ruth Hughes Memorial District Library

Application to Use the Conference Room

Date of request ______________________

Date of use ______________________ Time of use ______________________

Name of Corporation/Organization/Individual ______________________

____________________________________________________

Street address ______________________________________

City and State ______________________ Zip code ______________________

Telephone ______________________

Purpose of meeting or program ______________________

____________________________________________________

Equipment Reservation: □ Projector □ TV/VCR/DVD Player

Number attending ______________________

Name of responsible person ______________________

Signature of responsible person ______________________

Approved ______________________ Date ______________________

Adopted at the Regular Meeting January 2016
Revised April 2016, May 2017