

Tecumseh District Library Application for Use of a Quiet Study Room

Reservation Date

Reservation Time: Start time: _____ am/pm End time: _____ am/pm

Approximate number of attendees: _____

Available Facilities:

_____ Quiet Study Room 1 – The occupancy limit is 2

_____ Quiet Study Room 2 – The occupancy limit is 2

_____ Quiet Study Room 3 – The occupancy limit is 4

Purpose of use: _____

Name of organization: _____

Name of Responsible Person: _____

Address: _____ Telephone Number: _____

By signing this form, the applicant acknowledges that he/she has read the **Use of the Meeting Room Guidelines** and agrees on behalf of the above named organization to conform to all rules, regulations, and responsibilities as referred to in the **Guidelines**.

Signature

Date

Organization is: _____ Non-Profit _____ Profit Fee paid _____ Check # _____ Cash _____ Date _____

Approved by: _____

Date: _____

Cancellation

Date: _____ By whom: _____

Fee Refunded

Date: _____ By whom: _____