

WESTCHESTER PUBLIC LIBRARY
200 West Indiana Ave.
Chesterton, IN 46304
219-926-7696

MEETING ROOM APPLICATION

Date _____

Name of Organization _____

Contact Name _____ Title/Office _____

Address _____ Phone _____

Purpose of Organization _____

Number Attending _____

Requested Date of Meeting _____ Time of Meeting _____

Room Desired:

Thomas Library

_____ Meeting Room (capacity 30)

Hageman Library

_____ Meeting Room (capacity 30)

Library Service Center

_____ Meeting Room (capacity 150)

Audio-visual equipment must be reserved in advance with the library's audio-visual department.

Person reserving room must be an adult **resident** patron of the library district.

Contact information will be provided to the public.

I agree to comply with the library's meeting room policies and procedures:

Signature _____ Date Approved _____