

Main Library
300 Woodrow Wilson Dr.
Valdosta, GA 31602

SOUTH GEORGIA
REGIONAL
LIBRARY

142 – 5/10

Phone: 229-333-0086
Fax: 229-333-7669

**APPLICATION FOR MEETING ROOM USE
MAIN LIBRARY**

Today's date _____

Room requested

Folsom Meeting Room
Maximum of 35 people

Nix Meeting Room
12-15 people

You may request up to 3 meetings, 1 per month, in the next 3 months.

Date of meeting _____ Time requested From _____ to _____

Date of meeting _____ Time requested From _____ to _____

Date of meeting _____ Time requested From _____ to _____

Expected number of attendees _____ Number of chairs _____ Number of tables _____

Name of person agreeing to assume responsibility for Library facility _____

Address _____

City/State/Zip _____

Telephone Numbers Business _____ Residence _____

Organization applicant represents _____

Mailing address _____

Telephone Number _____

I have received and read a copy of the Meeting Room Policy (Resolution #11-05-09), and I accept responsibility as outlined.

Signed _____ Date _____

The South Georgia Regional Library has my permission to give out my name and telephone number to anyone inquiring about this program. _____

Initials

OFFICE USE ONLY

Date & Time application received _____ Received by _____

Application approved _____ Denied _____ Date _____