

Activity Room Application Form
Shenandoah County Library

Contact Information	
Organization Name	
Organization Address	
Name and Title of Applicant	
Address (if different from above)	
Phone	
Email	

Meeting Details	
Date(s) of Meeting	
Start Time	
End Time	
Estimated Attendance	
Room-setup and/or audio-visual requirements, if any.	

Purpose and Function of Organization

Nature of Meeting
These sessions will provide:

I am applying for use of the Activity Room in the Shenandoah County Library. I have read the Activity Room Policy and agree to comply with its provisions. I accept responsibility for proper use of the room and equipment. I agree to abide by the stated capacity of the room as a maximum of 50 people. The SCL Activity Room Policy is available online at the following Web site: <http://shenandoah.co.lib.va.us/policies/more-policies#ActivityRoomPolicy>.

Signature: _____ Date: _____