

Carteret County Public Library
1702 Live Oak Street, Beaufort, NC 28516
Phone: 252-728-2050

APPLICATION FOR USE OF THE CONFERENCE ROOM

Name of Group/Individual: _____

Name of Applicant: _____

Address: _____

_____ Telephone: _____

Person in charge of program if different than applicant: _____

Address: _____

_____ Telephone: _____

Date Room is wanted: _____

Program Starting/Ending Time: Room use to be scheduled
(include time for set up before program and clean up afterwards):

Starting time: _____ Ending Time: _____

Type of Program: _____ Lecture _____ Meeting or _____ Other (specify): _____

Subject of activity or Program: _____

List library equipment needed (if available): _____

No food or beverages are allowed in the Conference Room as stated in the policy on the reverse side.

By signing this Application, I indicate that I have read and agree to the library's
"Policy On the Use of the Conference Room & Program/Training Room" (see reverse side)

Signature of Applicant _____ Date _____

Library Use Only:

Approved _____ Date Notified _____ by _____ Actual Attendance: _____