

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

**APPLICATION FOR USE OF THE PROGRAM/TRAINING 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 Program/Training Room (see 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: \_\_\_\_\_