

APPLICATION FORM
West Bonner Library Meeting Room

Date: _____

Name of organization: _____

___ Community Group/Other ___ Business ___ Nonprofit (Proof of IRS status provided _____)
Staff initial

Contact name: _____

Mailing address: _____

Phone: _____ Email: _____

Meeting date desired: _____

Meeting room: ___ Blanchard Meeting Room ___ Priest River Community Room
 ___ Priest River Activities Room ___ Priest River Community Room Kitchen

Beginning time of use: _____ Ending time of use: _____

Purpose of meeting: _____

Estimated number of attendees: _____

If attendees are under the age of 18, name and phone of responsible adult:

Will accommodations for wheelchairs be necessary? Yes _____ No _____

I have read, understand, and will abide by the West Bonner Library Facility Use Policy.

Printed name

Signature

West Bonner Library card # or driver's license # _____

Approved by: _____ Date: _____