Abington Public Library
Meeting Room Application Form

Name of Organization:_____

Purpose of Organization:_____

Chairperson / Event Planner:_____

Contact Person for this Meeting:_____

Title:_____

Address:_____

Email:_____

Best Telephone Number:_____

Date Requested:_____

Times: Starting:_____ Ending_____

Meetings may begin when the Library opens; however, access to the meeting room also begins at library opening. The meeting room must be vacated no later than 15 minutes before library closing.

Equipment Needed:

Projector:_____Screen:_____

Sound System:_____

Number of tables:_____

Number of chairs:_____

I have the read the meeting room policy and agree that the _____ organization will abide by them and accept responsibility for any damage incurred. It is also understood that the library does not maintain special insurance coverage and may not be held responsible for any damage to items belonging to the organization or its members.

Signed:_____

Date:_____