



Key fits this outside entrance.

ATTENDANCE EXPECTED \_\_\_\_\_ NUMBER OF CHAIRS \_\_\_\_\_ TABLES \_\_\_\_\_

Organization Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_

Meeting Day \_\_\_\_\_ Hours \_\_\_\_\_ to \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
[Actual day, i.e. Monday, Friday]

Select each that will be required:  
\_\_\_\_ Kitchen      \_\_\_\_ AV Equipment  
Specify VCR, Overhead, hearing impaired equipment, etc...

MULTIPLE DATES: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 \_\_\_\_\_/\_\_\_\_/\_\_\_\_  
 \_\_\_\_\_/\_\_\_\_/\_\_\_\_  
 \_\_\_\_\_/\_\_\_\_/\_\_\_\_  
 \_\_\_\_\_/\_\_\_\_/\_\_\_\_  
 \_\_\_\_\_/\_\_\_\_/\_\_\_\_

I, AGREE, as representative of this organization, to the regulations governing the Dorchester County Public Library Meeting Room and shall alert all members to the parking restrictions.

\_\_\_\_\_  
Representative (Print Name)

\_\_\_\_\_/\_\_\_\_/\_\_\_\_  
Signature of Representative      Date

\_\_\_\_\_  
Street Address

(\_\_\_\_) \_\_\_\_\_  
Home Telephone Number

\_\_\_\_\_  
City                  State                  Zip

\_\_\_\_\_/\_\_\_\_/\_\_\_\_  
Librarian Signature                  Date