

Birmingham Public Library

Application For Use of Meeting Room Facilities

*Please read our **Policy and Guidelines for Meeting Rooms Usage** before completing this application.*

Date(s) and hour(s) requested:

For each date requested, give day, date, beginning time and ending time. Include time for room set-up and breakdown. **Application form and fee(s) must be submitted at least seven (7) days prior to dates requested. Payments must be received at the time reservations are being made. Rental fees for meeting spaces are non-refundable, and are due upon reservation request.**

Meeting location: _____

Meeting date: _____

Meeting hours:

From: _____ A.M. ___ P.M.

To: _____ A.M ___ P.M.

Room set-up for auditorium is theater style only. (Availability of tables and chairs will be made at the time of reservation. No Additional tables or chairs will be gathered or set-up prior/during scheduled meeting time.)

Information about the person completing the application:

Name: _____

Phone number day: _____ night: _____

Address: _____

City: _____ State: _____ Zip: _____

Information about the individual or group holding the meeting:

Organization or group name: _____

Phone number _____

Address: _____

City: _____ State: _____ Zip: _____

Name of chief officer: _____

Telephone number _____

Address: _____

City: _____ State: _____ Zip: _____

Brief history of the group or organization:

Purpose of this meeting (Library meeting rooms are not available for commercial/business ventures):

Expected Attendance (Seating may not exceed room capacity): _____

Special Accommodation needs? __ Yes __ No

If yes, describe:

Assistive Listening Devices

If required, requests for assistive listening devices must be specified at the time this form is submitted.

___ Please check here if Assistive Listening Devices will be required for your meeting.

The undersigned, on behalf of the above-mentioned organization, has read and agrees to comply with policy and procedures governing the public use of library meeting rooms. The applicant also accepts full responsibility for any damages to facilities or equipment and agrees to confine the organization's activities to the assigned room.

*Signature

*Date

*Email

*Telephone

*Library Card #

*Driver's License # or

**required information*

* Non-Driver's ID#

Approved 3/20/2000

Rev. 06/29/2010—Effective 07/01/2010

Please print this form, fill it out, and mail it along with your payment to:

Birmingham Public Library Administration
2100 Park Place
Birmingham, AL 35203-2794