

BANY ROOM APPLICATION



LANSDOWNE PUBLIC LIBRARY  
55 S. LANSDOWNE AVE  
LANSDOWNE, PA 19050  
610-623-0239 610-623-6825(fax)  
[illa@delcolibraries.org](mailto:illa@delcolibraries.org)

APPLICATION DATE \_\_\_\_\_

NAME OF ORGANIZATION \_\_\_\_\_

RESPONSIBLE INDIVIDUAL/TITLE \_\_\_\_\_

DESCRIPTION OF ORGANIZATION \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

PHONE/FAX \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

REQUESTED DATE WITH BEGINNING AND ENDING TIMES

Date: \_\_\_\_\_ Start \_\_\_\_\_ End \_\_\_\_\_

PURPOSE OF MEETING \_\_\_\_\_

NUMBER OF PEOPLE EXPECTED \_\_\_\_\_

EQUIPMENT NEEDED:  LECTERN  TABLES  CHAIRS  SCREEN

OTHER: \_\_\_\_\_

MAY WE SEND YOU EMAIL UPDATES ABOUT THE LIBRARY? YES \_\_\_\_\_ NO \_\_\_\_\_

I HAVE READ THE MEETING ROOM POLICY AND I AGREE TO COMPLY WITH IT.

APPLICANT SIGNATURE \_\_\_\_\_

*Library Hours: Mon-Thurs 9am-7pm / Wed 9am-8pm / Fri 9am-6pm / Sat 10am 5pm / Sun closed*

APPLICATIONS WILL NOT BE APPROVED MORE THAN  
TWO (2) MONTHS BEFORE THE EVENT DATE

<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
_____	_____
Date	Director