

BANY ROOM APPLICATION



LANSDOWNE PUBLIC LIBRARY
55 S. LANSDOWNE AVE
LANSDOWNE, PA 19050
610-623-0239 610-623-6825(fax)
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