



St. Martinville Branch Library MEETING ROOM REQUEST FORM

Day of Week Requested for Meeting: Mon. / Tues. / Wed. / Thurs. / Fri. / Sat.

Date Requested for Meeting: _____

Time Needed*: _____

* Meetings must be concluded no less than 15 minutes prior to closing time.

30-cup Coffee Urn Requested? ☐ YES ☐ NO

12-cup Coffee Maker Requested? ☐ YES ☐ NO

(No other kitchen equipment, utensils, or supplies will be provided by the Library.)

Purpose of Meeting: _____

Group/Organization: _____ Representative: _____

Position with Group/Organization: _____ Phone: _____

Address: _____

Estimated Attendance: Adults: _____ Children: _____

Library Equipment Available at no charge:

(Circle items requested)

Projector DVD Player

External Speakers Podium

Physical Set-Up:

AGREEMENT OF TERMS FOR MEETING SPACE:

By submitting a request, you are agreeing to St. Martin Parish Library's Code of Conduct and Public Meeting Room Policy. To access these policies online: Go to stmartinparishlibrary.org; Scroll over "About the Library"; Scroll over "Policies"; both policies can be accessed from the drop-down menu that appears.

Alternatively, you may visit view the policies in person at one of our branch locations or you may request a copy of the policies be faxed or mailed to you.

I have read the Code of Conduct and the Public Meeting Room Policy, and I agree that the group/organization function will be held in accordance with established policies for library and meeting room use. I also understand that my group/organization may be moved into another meeting space should a special circumstance arise.

Date of Application: _____ Signature: _____

This form should be submitted to the St. Martinville Branch Library. Return form in person or by fax or mail.

Return via FAX

337-394-4500

Return via MAIL

St. Martinville Library
201 Porter Street
St. Martinville, LA 70582

Application Taken By: _____

Approved By: _____

Revised: April 2022

Meeting Logged in SharePoint Calendar

