

St. Martinville Branch Library MEETING ROOM REQUEST FORM

Day of Week Requested for Meeting: I	Mon. / Tues. / Wed	. / Thurs. / Fri. / Sat.		
Date Requested for Meeting:	e Requested for Meeting: Time Needed*:			
30-cup Coffee Urn Requested? YES 12-cup Coffee Maker Requested? Y (No other kitchen equipment, utensils,	ES NO	provided by the Libra	* Meetings must be than 15 minutes pricery.)	
Purpose of Meeting:				
Group/Organization:		Representat	ve:	
Position with Group/Organization:			Phone:	
Address:				
Estimated Attendance: Adults:	Children:		Physical Se	t-Up:
Library Equipment Available at no charg	ge:			
(Circle items requested)				
Projector DVD Player				
External Speakers Podium				
AGREEMENT OF TERMS FOR MEETING By submitting a request, you are agreei Policy. To access these policies online: "Policies"; both policies can be accessed. Alternatively, you may visit view the popolicies be faxed or mailed to you.	ng to St. Martin Par Go to stmartinparis d from the drop-do licies in person at c	shlibrary.org; Scroll c wn menu that appea one of our branch loc	over "About the Library ars. ations or you may requ	leeting Room "; Scroll over uest a copy of the
I have read the Code of Conduct and th will be held in accordance with establis group/organization may be moved into	hed policies for libr	ary and meeting roo	m use. I also understa	
Date of Application:	Signature:			
This form should be submitted to the S	t. Martinville Branc	h Library. Return foi	m in person or by ema	il or mail.
Return via stm@stmartinpa		S	Return via MAIL St. Martinville Library 201 Porter Street t. Martinville, LA 70582	2
Application Taken By:		Approved By:		
Revised: May 2024		Meeting Logged in	Web Calendar	