



St. Mary Parish Library
Application for Use of St. Mary Parish Library Meeting Room

Application Date: _____

Name of Organization: _____

Type of Organization: _____

Organization's
Leader/Sponsor: _____

Contact Person (Person completing application): _____

Mailing Address: _____

Telephone Number: _____

Date of Meeting: _____

Purpose of Meeting: _____

Topic: _____

Speaker: _____

Approximate Size of Audience: _____

By signing,
I agree that my group will observe the regulations for building use. (*See Meeting Room Policy*)

Signature

Date