

Gretna Public Library Meeting Room Application

By signing the following, the group representative/group members agree to follow the Meeting Room Use Policy:

Group Name: _____

Contact Person: _____

Mailing Address: _____

City/State: _____ Zip: _____

Phone number: _____ Email address: _____

Activity/Purpose for Meeting Room Use: _____

What time will your group need the room? Please include time for set up and clean up.

If available, please attach a calendar of your meeting dates or list those dates below:

_____ Received Meeting Room Checklist

Contact Person Signature: _____

Date: _____

Printed Name: _____

Librarian Signature: _____

Date: _____