

*Please read our Meeting Room policy before filling out this application.
Return the completed application to the circulation desk at the library.*

Application for Use of the Meeting Room
Wellfleet Public Library

Name _____

Name of Group (If applying on behalf of a group) _____

Name of Event _____

Please describe your event in a short paragraph

How many people do you expect at this event?

When would you like this event to be held? (Please list a few dates, if possible, in case your first choice is not available).

Will A/V be required? If so, what will you need?

Will you be serving refreshments?

Signature: _____

Date: _____

Staff use below this line only:

Date/time for event _____

Approved/not approved (circle one)

Reason:

Staff member signature _____

Date _____

(Please retain copy for library and give one to applicant)