

Lake Travis Community Library Meeting Room Application



Organization name _____

Mailing address _____

City _____ State _____ Zip code _____

Name of representative _____

Phone _____ Email _____

Meeting purpose _____

Expected number of attendees _____

Meeting date _____

Start time _____ End time _____

Do you plan to serve alcohol? _____

I have read the Lake Travis Community Library District Meeting Room Policy. I understand and agree to abide by the guidelines and rules described therein. Failure to abide by these rules may disqualify the organization from future use of the rooms. The user hereby indemnifies and holds harmless the Lake Travis Community Library, the Library Board, employees and volunteers from all liability directly or indirectly related to an event or meeting.

Signature of Representative

Date

FOR LIBRARY USE ONLY

Application approved

Application denied

Reason for denial:

Signed _____ Date _____

Member contacted via _____