

Date Received:
Staff Initials:
Date Approved:
 Copy of Certificate of Insurance



**BALLSTON
COMMUNITY**
PUBLIC LIBRARY

Library Meeting Space Request Form

Organization: _____

You may book the Community Room, Local History Room, and/or Outdoor Story Time meeting space up to 45 days in advance. Please let us know your first and second choice for times and dates. We will do our best to accommodate all requests. The library will respond within three business days to let you know if your event has been approved.

Library Space: (Please Check One)

- Community Room
- Local History Room
- Outdoor Story Time Space

Event 1 Dates/Times Requested:

1st Choice: _____

2nd Choice: _____

Event 2 Dates/Times Requested:

1st Choice: _____

2nd Choice: _____

I received a copy of the Library's Meeting Space Policy and agree to abide by the guidelines set out in the policy. I understand that set up and clean up are the responsibility of our group.

Signature of Responsible Party: _____

Contact Name: _____

Contact Phone: _____

Contact Email: _____

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