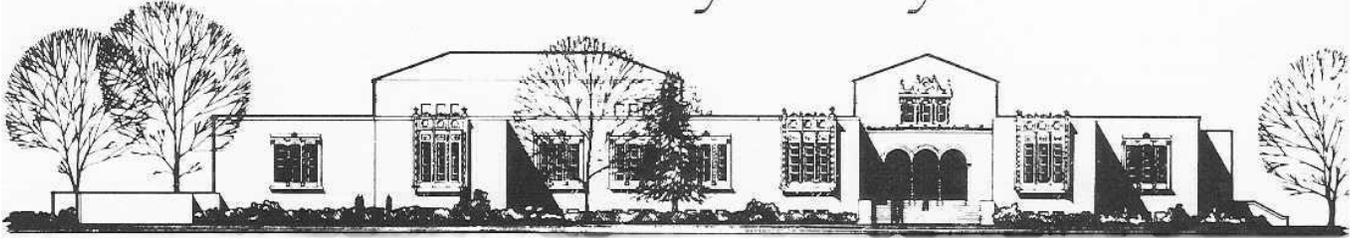# Ponca City Library

APPLICATION FOR MEETING ROOM

Organization: _____

Contact Person: _____

Daytime Telephone #: _____ Evening Telephone #: _____

E-Mail: _____

Address: _____

City: _____ State: _____ Zip: _____

Type of Organization

☐ Private Club (Hobby, Interest Group, Fraternity, Etc.)

☐ Government Agency

☐ Nonprofit Organization

☐ Educational Institution

☐ Youth Organization

☐ Other _____

AV items to be used by the group must be checked out by someone with a library card or by leaving a driver's license.

The policy and guidelines concerning the use of the Ponca City Library's meeting rooms have been read and understood by our group. We agree to abide by them.

Date: ____/____/____   Group Representative: _____

The group representative will be held responsible for damage to equipment, furnishings or building.

Application Confirmed:
Librarian: _____ Date: ____/____/____