

WILLIAMSON PUBLIC LIBRARY 6380 Route 21, Suite 1 Williamson, NY 14589 MEETING ROOM BOOKING SLIP

FOR:	LARGE MTG. ROOM	SMALL M	TG. ROOM
Non-Profit C	organization, Association or	Civic Group (please circle	group type) and list
Name of Org	ganization		
Person in			
Charge			
Telephone N	lumbers		
	DAY	()	EVENING
Date of mee	ting:		
Purpose of r	neeting:		
Number of	participants expected:		
Starting Tim	e:	Ending Time :	
Description	of Meeting:		
MEETINGS	nust be open to the public a	nd cannot have a charge f	or participation or supplier
	f goods or materials, or resu		

Non Profit organizations, associations and civic groups can book up to 6 meetings within a 6 month period. An additional 6 meetings may be scheduled 6 months after the first meeting is held. Library programs may take precedence over scheduled meetings. This booking is not considered complete or entered into the calendar until the signed booking slip and agreement of meeting room policies is signed by the person in charge of the meeting and the form is returned to the Library and approved by the Library.

Organization's representative: I have received a copy of the Meeting Room Policies and agree to abide by them.

Signed:	Date:
FOR WILLIAMSON PU	JBLIC LIBRARY STAFF
Approved on:	Staff Member Booking