



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

FOR: ☐ LARGE MTG. ROOM ☐ SMALL MTG. ROOM

Non-Profit Organization

Name of Organization _____

Person in Charge _____

Telephone Numbers
() _____ DAY () _____ **EVENING**

Date of meeting: _____

Purpose of meeting: _____

Number of participants expected: _____

Starting Time: _____ **Ending Time :** _____

Description of Meeting:

MEETINGS must be open to the public and cannot have a charge for participation or supplies no selling of goods or materials, or result in personal profit for an individual or organization.

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 PUBLIC LIBRARY STAFF

Approved on: _____ **Staff Member Booking:** _____