



THE DUBOIS  
PUBLIC  
LIBRARY

# DUBOIS PUBLIC LIBRARY

31 S. Brady Street ♦ DuBois PA 15801 ♦ (814)371-5930 ♦ Fax (814)371-2282

## APPLICATION FOR USE OF THE DUBOIS PUBLIC LIBRARY PROGRAM/MEETING ROOM

Today's Date: \_\_\_\_\_ Dates Room Needed: \_\_\_\_\_

Times Needed: \_\_\_\_\_ Approximate Group Size (50 Max): \_\_\_\_\_

Purpose of Meeting: \_\_\_\_\_

Is meeting open to the public? \_\_\_\_\_ Is there an Entrance Fee? \_\_\_\_\_ How Much? \_\_\_\_\_

Activities planned at meeting: \_\_\_\_\_ Refreshments? YES NO

Group/Organization Name: \_\_\_\_\_

Group/Organization President or Executive Director: \_\_\_\_\_

Group/Organization Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Group/Organization Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

### ***Billing Info if Different from above:***

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

### ***Information about Person Filing Application***

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

*I affirm that I am at least twenty-one years of age. I have received, read and understand the regulations pertaining to the use of the DuBois Public Library Program/Meeting Room, and I have agreed to abide by the regulations. I agree to clean the room and return all furnishings to its original position after the meeting, and will be responsible for any damage to the room.*

Signature of individual filing application: \_\_\_\_\_

### Library Use Only

Date Application Received: \_\_\_\_\_ Fee Charged: \_\_\_\_\_ Fee Paid: \_\_\_\_\_

Room use approved: \_\_\_\_\_ Applicant Notified: \_\_\_\_\_

Any Departure from Policy: \_\_\_\_\_

Room cleaned after use: \_\_\_\_\_ Room furniture put back: \_\_\_\_\_

Damage: \_\_\_\_\_

*Use back of this form to makes notes and extended damage report.*