

Albuquerque/Bernalillo County Library Meeting Room Use

Date _____ (Valid for 6 months)

Organization Name _____

Name of Responsible Person _____

Library Card number of responsible person _____

Room _____

Purpose of meeting: _____

Estimated Attendance: _____ Phone: _____ Fax: _____

I have read the attached meeting room rules and agree to abide by these rules,

(Signature of responsible person)

Dates of Meetings:

Date _____ Time _____ Date _____ Time _____

Date _____ Time _____ Date _____ Time _____

Date _____ Time _____ Date _____ Time _____

Date _____ Time _____ Date _____ Time _____

Date _____ Time _____ Date _____ Time _____

Date _____ Time _____ Date _____ Time _____

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Staff use only:

Comments _____

Approved/Not Approved

Library Manager's signature _____