

RAPPAHANNOCK COUNTY LIBRARY

Policy No. 1b
Adopted September 28, 1995

APPLICATION FOR USE OF JAMIESON ROOM

Name of Applicant _____

Organization/Group Name _____

Telephone Number _____ e-mail address _____

Address _____

Date of Meeting _____ Time (from) _____ (to) _____
(allow time for setup and cleanup)

Description of Meeting or Program _____

Number of Persons Expected to Attend _____

I hereby make application for use of the Rappahannock County Library
Jamieson Rom and have read the rules and regulations and agree to comply
with them.

_____ Signature of Applicant
Date of Application

(for Library Only)

Approved By _____