

Evelyn Goldberg Briggs Memorial Library

Meeting Room Application

Authorized Adult Representative

Name _____

Address _____

Cell Phone _____ LandLine _____

Request Date and Time _____

Purpose of room use

I have read and understand the meeting room policy and I will be present for the duration of the activity, and I agree to adhere to all [meeting room policies](#).

Signature:

_____ Date _____

Copy of ID needs to be provided at time of signature.

Approved by:

_____ Date _____

Please fill out application, save to your computer, and email to ironriverlibrary@gmail.com