

**APPLICATION FOR USE OF MEETING ROOM
MAIN STREET LIBRARY
110 Main Street, Newport News, VA 23601
Phone: 591-4858
Fax: 591-7426**

Date of Meeting _____ Time _____ to _____

Nature of Meeting _____

Name of Organization _____

Name of President _____

Address of President _____

Telephone number of President _____

***I have read the provisions for the use of the meeting room and agree to comply with them.
I understand that Library System programs and services take priority and may force
cancellation of other scheduled meetings or events.***

Signature of Applicant _____ Date _____

Address of Applicant _____

Telephone number of Applicant _____

.....
Anticipated attendance _____

Please mark any equipment necessary for your meeting:

- Equipment available at **Main Street:**
- | | |
|---|---|
| <input type="checkbox"/> VCR and TV | <input type="checkbox"/> Microphones |
| <input type="checkbox"/> Podium | <input type="checkbox"/> Video projection panel |
| <input type="checkbox"/> Movie screen | <input type="checkbox"/> Overhead projector |
| <input type="checkbox"/> Slide projector (available for rent at \$5.00/day) | |

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FOR OFFICE USE ONLY

Approved: Yes No By _____ Librarian

Scheduled for _____ at _____
Date Time

Actual attendance _____