

## Worcester County Library Meeting Room Request Form

Organization \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Purpose of meeting \_\_\_\_\_

\_\_\_\_\_

Meeting Room:      Ocean Pines – large room \_\_\_ Ocean Pines – conference room \_\_\_

                         Berlin \_\_\_ Ocean City \_\_\_ Pocomoke \_\_\_ Snow Hill \_\_\_

Date(s) room needed \_\_\_\_\_

\_\_\_\_\_

Number attending \_\_\_\_\_

Applicant's name \_\_\_\_\_

Contact (if different) \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone(s) \_\_\_\_\_

Phone(s) \_\_\_\_\_

Actual meeting times      Start \_\_\_\_\_ End \_\_\_\_\_

Preparation & cleanup times Start \_\_\_\_\_ End \_\_\_\_\_

Equipment Requested \_\_\_\_\_

Return this request form to the library where you wish to meet. If you have any questions, please call your branch library.

PLEASE READ AND SIGN THE MEETING ROOM POLICY PAGE.