



Bastrop Public Library

Meeting Room Reservation Form

Applicant Name: _____

Organization Name: _____

Organization Address: _____

Room Choice:

Meeting Room (\$50 deposit required) Contact Number; _____

Conference Room

Meeting Date: _____ Meeting Times (incl. setup and cleanup): _____

Purpose of function: _____

As the authorized representative of the above organization, I hereby apply for the use of the Lina S. Pressley Meeting Room or Billy and Clara Maynard Conference Room of the Bastrop Public Library. My organization and I agree to follow all of the rules and procedures listed in the meeting room policy and understand that my organization or I will be responsible for paying any damages or losses, or clean-up expense that may result in our use of the facilities. Furthermore, I fully understand that the meeting date, time and contact information will be displayed on the Bastrop Public Library web site.

Applicant Signature and Title

Date

Library Use Only

Approved

Rejected

Comments: _____

\$50 deposit attached and received by: _____

Library Director: _____ Date: _____

Key Number: _____

Date Picked Up: _____ Date Returned: _____