

Galax-Carroll Regional Library
Application for Library Meeting Space Use
Approved by the Library Board 9-19-2022

Today's Date: _____

Name of Organization/Group: _____

Responsible Representative: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Alternate Phone: _____

Email: _____

Purpose of Meeting: _____

Meeting Space: _____ Galax Public Library _____ Outdoor Stage

_____ Carroll County Public Library _____ Park & Gazebo

Equipment Requested: _____

Date(s) space needed: Sun Mon Tue Wed Thu Fri Sat ____/____/____

Time Range: _____ Repeating Event Start/End Dates & Times: _____

*A repeating event requires prepayment for future dates to reserve the meeting space.

Paid: \$5.00 _____ \$10.00 _____ Other Amount _____ Date Paid: ____/____/____

I am an authorized representative of the organization listed above. I have read and agree to comply with the rules detailed in this Meeting Space Policy. I understand that I will be held responsible, as the group's representative, to the Galax-Carroll Regional Library Board of Trustees for cleanup and damages. I understand that I cannot charge admission or a fee, nor can money be accepted on Library property for anything ordered while using the Library meeting space.

Signature of Group Representative: _____

Printed Name of Group Representative: _____

Staff Approval: _____ (staff initials) Date: ____/____/____