Lafourche Parish Public Library Meeting
Room Usage Application Form

Thibodaux Branch Only

Library: __________________________________________________________

Organization requesting usage of meeting room: ________________________

_______________________________________________________________

Organization’s Address: ___________________________________________

___________________________________________

Organization’s Phone Number: _____________________________

Meeting/Activity to be conducted: ____________________________________

_______________________________________________________________

Date requested: __________________________________________________

Time requested: Begin ____________________ End ____________________

Room requested: Place a check mark beside which room is needed.

Activity Room (10-70 people) _____

Teen Conference Room (1-10 people) _____

Conference Room (5-15 people) ______

Circ Study Room (1-4 people) _____

Adult Study Room (1-4 people) _____

Adult Study Room (1-4 people) _____

Computer Lab (11 computers) _____

Contact Person: __________________________________________________
Phone number(s) of contact person: (home) ___________________________
            (work) ___________________________
            (cell) ____________________________

Email Address of contact person: ___________________________________
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My Organization is aware of all restrictions/requirements of meeting room usage as set for in the Lafourche Parish Public Library Meeting Room Policy. As a representative of my organization, I agree that all policies will be followed.

Signature _______________________________      Date ______________