



## Lafourche Parish Public Library Meeting Room Usage Application Form

Library: **Lockport Branch - 720 Crescent Ave. Lockport, LA 70374**

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: \_\_\_\_\_ Study Room (1-3 people)  
\_\_\_\_\_ Meeting Room (up to 70 people)

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 forth 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 \_\_\_\_\_