

Pack Library Meeting Room Use Agreement

Name of Group _____

Name of Person Responsible _____

Phone _____ Email _____

Purpose of Meeting _____

Date of Meeting _____ Start Time _____ End Time _____

Room to be used (*select one*): Lord Auditorium Activity Room Computer Lab

Number of Persons Attending (*estimate*) _____

Will you need AV Equipment _____
(please list)

My meeting is within the guidelines specified and I agree to the conditions as described in the Policy on Use of Library Meeting Rooms.

Signature _____ Date _____

Return to:

Tammy Silver
Buncombe County Public Libraries
67 Haywood Street
Asheville, NC 28801
tammy.silver@buncombecounty.org
828/250-4719