

L. E. SMOOT MEMORIAL LIBRARY

9533 Kings Highway Phone: 540-775-2147  
King George, Va. 22485 Fax: 540-775-3769

Meeting Room Application

Date of Application: \_\_\_\_\_ (Bookings may not be made more than 3 months in advance)

Organization Name: \_\_\_\_\_

Address: \_\_\_\_\_ City, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Responsible Party Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Is this a designated not-for-profit organization? Yes No (Proof of status may be requested)

Date(s) of Requested Room Use: \_\_\_\_\_, \_\_\_\_\_ Limited to two uses per month  
(date 1) (date 2)

Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_ (room availability ends 10 minutes prior to closing)

Number of Expected Attendees: \_\_\_\_\_ (See reverse for occupancy levels)

Room Requested: (Check Box) Room preference is not guaranteed. Limited to two rooms per use

Meeting Room A  Meeting Room B  Program Room  Memorial Room   
Quiet Study A  Quiet Study B  Quiet Study C  Kitchen

Equipment Requested: (Check Box)

Podium  Projector  Projection Screen  DVD/Blu-Ray Player

Payment: Payment in full required within 10 days of application.

Cancellation: Bookings will automatically be cancelled after 10 days if payment is not received.

Access to rooms prior to your Start Time or staying beyond your End Time could result in additional charges.

I have read and received a copy of the Meeting Room Policy, and I accept responsibility, as well as any damages and/or fees, as outlined. The Library may give out my name and telephone number to anyone inquiring about this program. I/We will hold the L. E. Smoot Memorial Library harmless for any damages to property or persons while our group or organization uses Library facilities.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*\*\*In Office Use\*\*\*\*\*

Payment Receive Date: \_\_\_\_\_ Payment Amount: \_\_\_\_\_

Reservation Approval Date: \_\_\_\_\_ Staff Initials: \_\_\_\_\_

