

Blanco County South Library District

James A. and Evelyn Williams Memorial Library

1118 Main Street

Blanco, Texas 78606

TELEPHONE (830) 833-4280

FAX (830) 833-2680



Meeting Room Application

Name of Organization: _____

Date of event(s)/room use: _____ Large Conf.: or Small Conf.:

Booking Time: (set up time) _____ End: (including clean up): _____

Actual Time group meets: Start: _____ End: _____

Nature of the event/room use: _____

Number of Attendees: _____ Requests or requires setup (more than 20):

AV Equipment: Podium & Mic Projector & Screen Other _____

Kitchen Use: Yes No Other Needs: _____

Selling items/charging tickets: Yes No If "Yes," specify: _____

Contact person and person taking responsibility of the use of the room:

Name: _____ Email: _____

Phone # 1: _____ Phone #2: _____

Address: _____

I have read the *Guidelines for Use of the Meeting Rooms* and agree to all of the policies and procedures.

Signature: _____ Date: _____

Staff Use Only

Event Approved by: _____ (Director's signature)

Date Approved: _____

Total Deposit: _____ Total Fees: _____

Notes: _____