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**APPLICATION FOR THE USE OF THE HAM COMMUNITY ROOM**  
(Revised May, 2016)

Date of Your Program/Meeting: \_\_\_\_\_

What time is your meeting? \_\_\_\_\_ Preparation/Set-up Time Required:  
\_\_\_\_\_

Clean-up Time Required: \_\_\_\_\_ # People Expected \_\_\_\_\_ \*

Time Program Begins: \_\_\_\_\_ Time Program Ends: \_\_\_\_\_ \*\*

**\*Please inform staff of actual number of attendees. The meeting room capacity as set by the Conway Village Fire Department is 60. Your group agrees to abide by the meeting room capacity. \*\*The meeting room must be picked up and empty by 7:45 p.m. to leave time for staff closing procedures.**

Name of your organization \_\_\_\_\_

Purpose of your meeting \_\_\_\_\_

Equipment Requested: [We recommend bringing your "set-up" in for a trial run in advance of your program in the event of compatibility issues.]

\_\_\_\_\_ Projector    \_\_\_\_\_ Surround Sound    \_\_\_\_\_ DVD Player    \_\_\_\_\_ VHS

Additional Information \_\_\_\_\_

*Additional Note: You are responsible for conducting your publicity. The library will include your event listing in our on-line calendar. You are responsible for providing your own refreshments and for cleaning up.*

I have read and agree to comply with the Conway Public Library Meeting Room Policy and procedures governing the public use of the Ham Community Room and fully understand my responsibilities.

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Date of Application \_\_\_\_\_ Signature of applicant: \_\_\_\_\_

Contact person \_\_\_\_\_ Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_

Staff Initials: \_\_\_\_\_ Date: \_\_\_\_\_