

RAPPAHANNOCK COUNTY LIBRARY
APPLICATION FOR USE OF JAMIESON ROOM

Name of Applicant _____

Organization/Group Name _____

Telephone Number _____ E-mail address _____

Address _____

Date of Meeting _____ Time (from) _____ (to) _____

(allow time for setup and cleanup)

Description of Meeting or Program _____

Number of Persons Expected to Attend _____

I hereby make application for use of the Rappahannock County Library Jamieson Room and have read the rules and regulations and agree to comply with them.

Date of ApplicationSignature of Applicant

(for Library Only)
Approved By _____