

APPLICATION FOR MULTIPURPOSE/MEETING ROOM USE – Revised September 22, 2021

Organization or Group Name: _____

Date of meeting: _____ Time: _____

I understand that refreshments should not be served since we are still in the midst of a pandemic. The kitchen will be closed off. In keeping with Watauga County’s August 17th, 2021 Declaration of a State of Emergency, masks must be worn over both nose and mouth inside the building; this includes the meeting room.

I have read the Appalachian Regional Library Policy on the use of its meeting rooms and agree to comply with all regulations. I understand that failure to comply with such regulations may result in termination of the right to use the library meeting room facilities. I also understand that the library is not responsible for equipment, supplies, materials, or any personal possessions owned or leased by those sponsoring or attending the above meetings.

For groups staying late, the person signing this form is responsible for ensuring that:

- they are the last person out, and
- they shut the back meeting room door completely.

Members of the public are invited to this meeting: **YES NO**

PLEASE NOTE: The meeting room application of meetings to which members of the public are invited will be considered part of the public record and will not be considered confidential patron records.

PLEASE ALSO NOTE: No meeting may be closed to the public except for meetings held by government groups or paying non-profit groups.

If you circled NO, please indicate if the Library may give your name and telephone number to anyone inquiring about this program: **YES NO**

By signing this application, I realize I will be held responsible for ensuring that any oral or written promotions of the above meeting will include a special accommodation for the people with disabilities.

Audio Visual Equipment Needed (please circle): **Laptop Digital Projector Digital Video Conferencing Equipment**

Applicant signature _____

Applicant name printed _____

The Library may give my name and telephone number to anyone inquiring about this program: **Yes No**

Applicant address _____

Applicant Telephone Number _____

Applicant Email Address _____

Position in above organization _____

Date of receipt of application _____

County Librarian Signature _____ Date _____

Watauga County Library, 140 Queen St., Boone, NC 28607 wataugameeting@arlibrary.org

Reservations may not be made more than 60 days in advance. One reservation per day.