

**FLORENCE COUNTY PUBLIC LIBRARY SYSTEM**  
**Meeting Room Application**

Name of Organization \_\_\_\_\_

Organization Address \_\_\_\_\_

Organization Phone (843) \_\_\_\_\_ Fax (843) \_\_\_\_\_

Contact Person \_\_\_\_\_ Daytime Phone (843) \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Position with Organization \_\_\_\_\_

Secondary Contact \_\_\_\_\_ Phone (843) \_\_\_\_\_

Purpose of Meeting \_\_\_\_\_

Date Requested \_\_\_\_\_ Number of people expected to attend \_\_\_\_\_

Time Reserved From \_\_\_\_\_ To \_\_\_\_\_

Actual Time of Event From \_\_\_\_\_ To \_\_\_\_\_

Location of Event: Florence \_\_\_\_\_ Pamplico \_\_\_\_\_ Lake City \_\_\_\_\_

Is this event open to the public? Yes \_\_\_\_\_ No \_\_\_\_\_  
(Library policy requires meetings to be open to the public.)

Will light refreshments be served? Yes \_\_\_\_\_ No \_\_\_\_\_  
(Only light refreshments/finger foods are allowed.)

Will you need technical assistance or audio/visual equipment? Yes \_\_\_\_\_ No \_\_\_\_\_  
(Fees will apply if more than basic set-up is required.)

If "yes," please indicate equipment needed (i.e. projector, laptop, microphone, etc.): \_\_\_\_\_

**I certify that I am an officer of the above named organization and that I have the authority to reserve the meeting room. It is understood by our organization that neither the Florence County Library System nor the County of Florence will assume any responsibility for supplies or equipment used in the Library in conjunction with this meeting/activity and that these entities are also released and discharged from any and all liability for any loss, injury or damage to person(s) or property that may be sustained as a result of this meeting.**

**In signing this application, the organization and/or its representatives affirms that the Meeting Room Guidelines have been read and agrees to abide by them and to be responsible for damages to Library equipment, furniture and facilities that may be sustained during its scheduled use of the room.**

\_\_\_\_\_  
**Signature of Authorized Representative** **Date**

\_\_\_\_\_  
**Printed Name of Authorized Representative**

**FAX NUMBERS: FLORENCE: (843) 413-7091 PAMPLICO: (843) 493-0361 LAKE CITY: (843) 394-1033**

**FOR OFFICE USE ONLY**

Approved \_\_\_\_\_ Denied \_\_\_\_\_ By \_\_\_\_\_ Date \_\_\_\_\_