Dennis M. O'Connor Public Library Conference Room Application

Organization Name			
Contact Person			
Phone Number	Email		
Alternative Contact Pe	rson		
Phone Number	Email		
Proposed Use of Roon	n		
Expected Number of A	ttendees		
☐ Single Use:	Meeting Date		
	Start Time*	End Time*	
☐ Multiple Uses:	Meeting Date	(use back of form fo	or additional dates)
	Start Time*	End Time*	
*Meetings may be sched closing time.	luled during the library's open hours only.	Meetings must adjourn at least 15 minut	tes before the library's
As an authorized adul indicated above. I hav abide by them. If a me	t representative of the above organize read the policies and rules governeting is cancelled, I agree to notify the tresponsibility for leaving the room in esulting from our use.	ing the use of the conference room fance Library in a timely manner so that	acilities and agree to others may have use
Sponsoring individuals Refugio and its appoir suits, actions, demand	s and organizations agree to and sha nted officials, boards, committees, ag ds, damages, and expenses of any n nay pay, sustain, or incur by reason of	gents and employees (collectively, th ature which may be brought or made	e "County") against all against the County
Signature	Date		
_ Please note: Me	eting room reservations are no reviewed and approved by o		ed form has been
FOR LIBRARY USE O	_	enial	
Event(s) sponsored or	co-sponsored by the Library?	es If yes, approved by	
Contacted to confirm r	reservation? ☐ Yes ☐ No Date)	
Library Staff Member_		Date	
7/23/2024		Application accepted by	

Meeting Date		
Start Time*	End Time*	
Meeting Date		
Start Time*	End Time*	
Meeting Date		
Start Time*	End Time*	
Meeting Date		
Start Time*	End Time*	
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Start Time*	End Time*	
Meeting Date		
Start Time*	End Time*	
Meeting Date		
Start Time*	End Time*	
Meeting Date		
Start Time*	End Time*	

^{*}Meetings may be scheduled during the library's open hours only. Meetings must adjourn at least 15 minutes before the library's closing time.