PASQUOTANK-CAMDEN LIBRARY
Your Source for Information, Education and Entertainment
100 EAST COLONIAL AVENUE
ELIZABETH CITY NC 27909
Phone: 252-335-2473 Fax: 252-331-7440

Jackie King, Library Director
Irene Ward, Administrative Assistant

APPLICATION FOR THE USE OF COMMUNITY ROOM

Application Date: _____

Full Name of Organization: _____

Type of Function: _____

Community room is booked by the quarter. You may reserve the room starting one month in advance of the quarter. Maximum capacity is 40 people with tables and chairs and 72 people with chairs.

1st Quarter:	January – March	3rd Quarter:	July – September
2nd Quarter:	April – June	4th Quarter:	October – December

Quarter (Circle One): 1st 2nd 3rd 4th EST. ATTENDANCE**:** _____

A separate application must be completed for each day a meeting room is booked.

Date: _____

Times: _____

I have read the regulations governing the community room and I agree to abide by them. I affirm that this organization is non-profit. I understand that the room is not booked until my application is approved and confirmed by the Library Director or the Administrative Assistant and that this process may take up to two weeks.

PLEASE PRINT ALL INFORMATION:

Name of Contact Person**:** _____

Signature: _____

Mailing Address**:** _____
(Street)

_____ _____ (____)_____
(City/State) (Zip) (Phone #)

E-Mail Address**:** _____

APPROVED BY:

_____ _____
Library Director Date Application Approved (date)

_____ _____
Administrative Assistant Date Application Denied (date)