



ROOM USE APPLICATION

ROOM REQUESTED:

Event Space
(seats 55, theater style)

Learning Center
(seats 20, classroom style)

DATE REQUESTED: _____

TIME REQUESTED: _____ a.m. or p.m. to _____ a.m or p.m.

(Available during library hours only: M-Th. 9a-9p; Fri. & Sat. 9a-5p, Sun 1-5p)

PURPOSE: _____

CONTACT INFORMATION:

Name: _____

Organization (if applicable): _____

Street Address: _____

City: _____ **State:** _____

Email: _____ **Phone:** _____

***Fees will apply. Refer to Room Use Fee Schedule for details.
Email form to spointon@lemontlibrary.org. Call 331-318-5502 with questions.***

