



## **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](mailto:spointon@lemontlibrary.org). Call 331-318-5502 with questions.***

