Logan-Hocking County District Library

Meeting Room Application for the Period 9/1/2021 thru 12/31/2022

Application Date:			
Name of Applicant:			
Name of Organization:			
Address:			
Telephone:	Email:		
Signature of Applicant:		Date	
Signature indicates that applicant hagrees to abide by said regulations operations agree to hold harmless in attendance at said meeting, caus and for any liability for losses relating	as set forth in Library Meeting Roo the Logan-Hocking County Distric ed by or resulting from the individ ng to the cancellation with or with	om Policy. In addition, t Library for any dam ual's/organization's u out cause of an appro	, the signatory and all age(s) to persons or property use of the meeting space(s) oved meeting.
	(For Library Use On		
Date Application Received:	Approved:	Disapproved:	Notification Sent:
Staff Member Signature (Witness of	f Applicant Signature):		Date
Notes/Follow-up:			

Logan-Hocking County District Library

Put Consistent Recurring Events on one line (i.e. Every Tuesday at 4 pm, or the third Monday of each month). Events that have different dates must be scheduled individually.

Day No. of Attendees Purpose of Mtg Date (this calendar year) Start (this calendar year) Start (this calendar year) Start (this calendar year) Start (this calendar) Start (this cal			T	T	T	ı	T		
2 nd Monday 12 Club 9/13 PM PM M16 M5 One-time Event Example: 10:00 1:00 CNF M5	Day			Date (this calendar			(Meeting- MTG or Conference	Initials (Posted in	
0/7/2021 3 Meeting 9/13 1000 1000 CNF MS	Recurring Example: 2 nd Monday	12		9/13			MTG	MS	
		3	Meeting	9/13			CNF	MS	