MEETING ROOM APPLICATION

Organization name: _____________________________________________________________

Address: __________________________________________________ City, Zip: _____________________________

Phone: _____________________ Fax: _____________________ E-mail: _____________________________

Contact for this event: ________________________________________

Date of Application: ___/___/______ Are you: _____ STANDARD? or _____ NON-PROFIT?

Name of this event: ______________________________________________________________________________

Date(s) requested: ______________________________________________________________________________

Arrival Time: _________________ (This is the earliest you can get into the space)

Start Time: _________________

Departure Time: _________________

WILLIAMSBURG LIBRARY
515 Scotland Street, Williamsburg

___ Patricia Schell Memorial Meeting Room – Seats a maximum of 42 w/chairs only; 25 w/tables & chairs
___ Room B – Seats a maximum of 24 w/chairs only; 18 w/tables and chairs
___ Room C – Seats a maximum of 15 w/chairs only; 12 w/tables and chairs
___ Gallery – Standing room for 60 (can only be reserved with another room)

JAMES CITY COUNTY LIBRARY
7770 Croaker Road, Williamsburg

___ Grace & Stanley Kitzinger Community Room – Seats a maximum of 110 w/chairs only; 45 w/tables & chairs
___ Isabelle Cosby Room – Seats a maximum of 15
___ Jane G. & Robert McGaw Room – Seats of a maximum of 24

STRYKER CENTER
412 North Boundary Street, Williamsburg

___ Room 127 – Seats a maximum of 91 w/chairs only, 55 w/tables and chairs
___ Room 128 – Seats a maximum of 48 w/chairs only, 30 w/tables and chairs
___ Room 113 – Seats of a maximum of 20
___ Exhibit Space – Standing room for 195

--APPLICATION CONTINUES ON OTHER SIDE--
Equipment Needs:

___ LCD Projector          ___ Laptop          ___ Whiteboard          ___ Flipchart
___ TV/DVD Player          ___ Podium          ___ Easel

Setup Style:*

___ Boardroom          ___ Theater          ___ Classroom          ___ U-Shaped          ___ Empty
___ Other: ______________________________________________________

* NOT ALL STYLES ARE AVAILABLE FOR ALL ROOMS

Payment:

Payment in full is required within 10 days of application

Cancellation:

No later than 48 hours before use

***APPLICATIONS WILL AUTOMATICALLY CANCEL AFTER 10 DAYS IF PAYMENT IS NOT RECEIVED***

I have read and received a copy of the meeting room guidelines, and I accept responsibility as outlined.

The library may give out the contact name and telephone number to anyone inquiring about this program.

I/We will hold the Williamsburg Regional Library harmless for any damages to property and person while our group or organization uses the facilities.

Print name: ______________________________________________________

Signature: _______________________________________________________ Date: __/__/____

___ Check if you would like an e-mailed copy of your completed reservation