

MEETING ROOM APPLICATION

Organization name: _____
Address: _____ City, Zip: _____
Phone: _____ Fax: _____ E-mail: _____
Contact for this event: _____
Phone: _____
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: _____ Number of people using the room: _____

WILLIAMSBURG LIBRARY

515 Scotland Street, Williamsburg

- ___ Patricia Schell Memorial Meeting Room – Seats a maximum of 42 w/chairs only; 20 w/tables & chairs
- ___ Room B – Seats a maximum of 20 w/chairs only; 16 w/tables and chairs
- ___ Room C – Seats a maximum of 10 w/tables and chairs (Boardroom only)
- ___ 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 100 w/chairs only; 40 w/tables & chairs
- ___ Isabelle Cosby Room – Seats a maximum of 15
- ___ Roberta Culhane Conference Room – Seats a maximum of 4

STRYKER CENTER

412 North Boundary Street, Williamsburg

- ___ Room 127 – Seats a maximum of 91 w/chairs only, 40 w/tables and chairs
- ___ Room 128 – Seats a maximum of 48 w/chairs only, 24 w/tables and chairs
- ___ Exhibit Space – Standing room for 195

Equipment Needs:

Projector/Monitor on wall DVD Player Laptop Presentation clicker
 Podium Whiteboard Flipchart Easel

Setup Style:*NOT ALL STYLES ARE AVAILABLE FOR ALL ROOMS

Boardroom Classroom U-Shaped Square
 Theater (chairs only) Empty Other: _____

Payment:

Payment in full is required within 10 days of application

Cancellation:

A full refund will be received if a reservation is canceled **no later than 48 hours before scheduled use.**
Groups canceling less than 48 hours before their once-monthly free use of a meeting room will be billed for its use and may have future dates canceled.

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

I have read the meeting room policy and procedures, and I accept responsibility,
as outlined at wrl.org/meetingrooms

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