Corpus Christi Public Libraries Application for use of Meeting Rooms

Organization: Presiding Officer:					
Phone Numb	er: (cell):	Office:			
Contact Person	on:	Library Card Number:			
Mailing Addr	ess:				
City:		State:	Zip:		
Phone Number: (cell)		Office:			
Purpose:					
Frequency: Expecte			Attendance: Room:		
Dates: (No m	ore than twice a month	, two months in a	dvance). NO BOOKIN	G IN JUNE/JUL	Y
Time Meeting Begins:		Time Meeting ends:			
# of Chairs: # of Ta		Tables:	(Alcohol Prohibited)		
Available Me	eting Rooms:				
La Retama		Hopkins	McDonald		<u>d</u>
Mon.	2:00 pm - 5:30 pm	Mon Wed.	9:00 am - 6:30 pm	Mon Wed.	10:00am - 6:30 pm
Tue Wed.	10:00 am - 5:30pm	Thu Fri.	9:00 am - 5:30 pm	Thu Fri.	10:00am - 5:30 pm
Thu Fri.	9:00 am - 5:30 pm	Sat.	9:00 am - 12:30 pm	Sat.	11:00 am - 2:30 pm
Sat.	9:00 am - 12:30 pm				
Harte		<u>Garcia</u>			
Mon Fri.	10:00 am - 6:30pm	Mon Fri.	10:00 am - 7:30 pm		
Sat.	10:00 am - 1:30 pm	Sat.	2:00 pm - 5:30 pm		
responsibiliti	he Meeting Room Policy es for using library meet ne room in good order an m our use.	ting rooms. On be	half of this organizati	ion, I accept re	•
Representative:				Date:	
Adult Sponsor (if different from above):				Date:	
Library Director/Branch Manager:				Date:	