

Corpus Christi Public Libraries

Application for use of Meeting Rooms

Organization: _____ **Presiding Officer:** _____

Phone Number: (cell): _____ **(office):** _____

Contact Person: _____

Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone Number: (cell): _____ **(office):** _____

Purpose of Meeting: _____

Frequency: _____ **Expected Attendance:** _____ **Room:** _____

Dates: (No More Than Twice A Month, Six Months In Advance)

Time Meeting Begins: _____ **Time Meeting Ends:** _____

Chairs: _____ **# Tables:** _____ **(Alcohol prohibited)**

Available Meeting Rooms:

Central

Mon. 2:00 pm - 6:00 pm
 Tue. - Wed. 10:00 am - 6:00 pm
 Thu. - Fri. 9:00 am - 6:00 pm
 Sat. 9:00 am - 1:00 pm

Hopkins

Mon. - Wed. 9:00 am - 7:00 pm
 Thu. - Fri. 9:00 am - 6:00 pm
 Sat. 9:00 am - 1:00 pm

McDonald

Mon. - Wed. 10:00 am - 7:00 pm
 Thu. - Fri. 10:00 am - 6:00 pm
 Sat. 11:00 am - 3:00 pm

Harte

Mon. - Fri. 10:00 am - 7:00 pm
 Sat. 10:00 am - 2:00 pm

Garcia

Mon. - Fri. 10:00 am - 2:00 pm and 5:00 pm - 9:00 pm
 Sat. 2:00 pm - 6:00 pm

I have read the Meeting Room Policy Statement and will inform our membership of their responsibilities for using library meeting rooms. On behalf of this organization, I accept responsibility for leaving the room in good order and for any damages that may occur to the facility or equipment resulting from our use.

Representative: _____ **Date:** _____

Adult Sponsor (if different from above): _____ **Date:** _____

Library Director/Branch Manager: _____ **Date:** _____