



Meeting Room Application

Augusta County Library
1759 Jefferson Highway
Fishersville, VA 22939

NAME OF ORGANIZATION: _____
(As you wish it to appear on meeting room schedule)

FACILITIES REQUESTED (occupancy): ☐ Fishersville Large Room (38-49)
☐ Fishersville Ramp Room (26-35) ☐ Fishersville Conference Room (8-17)
☐ Churchville (35-40) ☐ Stuarts Draft (35) ☐ Weyers Cave (35)

DATE(S) OF MEETING: _____ START TIME: _____ END TIME: _____

NATURE OF MEETING: _____

ESTIMATED NUMBER EXPECTED: _____

PERSON MAKING REQUEST:

Name: _____

Position: _____

Address: _____

Phone (day/evening) _____

Email _____

President/leader of organization: _____

I HAVE REVIEWED AND UNDERSTAND THE AUGUSTA COUNTY LIBRARY MEETING ROOM POLICY.

SIGNED

DATE

Please consider a donation to the Friends of the Augusta County Library
1759 Jefferson Hwy., Fishersville, VA 22939.
www.friendsofACL.org

APPROVED _____
(Director or Authorized Person)

DATE _____