## **Application for Use of the Ashbrook Meeting Room**

El Reno Carnegie Library 215 E. Wade El Reno, OK 73036 405-262-2409

Returning this form does not guarantee room reservation. To confirm reservation, please contact the Librarian at least three (3) days prior to meeting date at 405-262-2409.

Date of Application:		
Date(s) Room Requested:		
Times Requested:		
Approximate Size of Group:		
Information on Organization		
Name:		
Address:(Street)	(City)	(State/Zip)
Telephone:	` • • ·	
Purpose or Function of Organization:		
Purpose of Meeting:		
Information on Individual Filing Ap	plication	
Name:		
Address:		
(Street) Telephone:	(City)	(State/Zip)
I affirm that I am at least eighteen yet regulations pertaining to the use of the by the regulations.		
Signature of Individual Filing Application	tion:	
For Office Use Only: Date received:	Approved:	
Revised February 2006		