



220 West Tioga Street Tunkhannock, Pennsylvania 18657 • (570) 836-1677 • www.tunkhannock.com/library

Community Room – Application

Name of group, organization or business: _____

No. expected to attend: _____

Our fee of \$_____ will be made prior to each day of use.

One time use

Date: _____

Day of week: _____

Beginning time: _____

Ending time: _____

Ongoing use

Frequency: _____

Dates: _____

Beginning time: _____

Ending time: _____

Will you be serving food or beverages? Yes _____ No _____

If so, what food or beverages? _____

I have read the above Community Room Policy, and Rules and Agreement, and I understand and agree to the terms thereof.

Signature, personally, and as agent and/or representative of the group and each member of the group

Date

Printed name: _____

Title: _____

Address: _____

Telephone Numbers: _____

Home: _____

Work: _____

To be completed by Library staff member:

Approved? Yes _____ No _____

Refreshments approved? Yes _____ No _____

Initials of staff member

Date