Name of Organization Describe each program that your group will present to the public: Date:______Time:_____ Date: _____Time:_____ Date:______Time:____ Date:______Time:____ Expected Attendance _____ Room set-up style (please circle one): Classroom Audience Boardroom Will library equipment (projector or sound equipment) be needed: Yes No Will kitchen be used: Yes No Contact Person Address Telephone Organization's Address ____ ☐ I have read, understand and agree to the procedures for the attached Meeting Room and Posting/ Free Literature Racks policies. Signature _____ Date _____ PLEASE RETURN THE COMPLETED FORM (with your payment, if applicable) TO THE WEST ALLIS PUBLIC LIBRARY, ATTN: LIBRARY ADMINISTRATION. Thank you. A written application must be completed by the organization for each request to use the Constitution Room. Each application may include requests for up to four programs to be scheduled in a six-month period. Payment for each program (up to four) must be submitted with the completed application. FOR LIBRARY USE ONLY Booking completed – confirmation attached_____ Application does not meet guidelines _____ Reason _____

Thank you for inquiring about the Constitution Room. Please complete this application so that

we may process your request.

(Revised 03/19)