

MEETING ROOM APPLICATION

Organization name: _____

Address: _____ City, Zip: _____

Phone: _____ Fax: _____ E-mail: _____

Contact for this event: _____

Phone: _____

Date of Application: ___/___/___ Are you: ___ STANDARD? or ___ NON-PROFIT?

Name of this event: _____

Date(s) requested: _____

Arrival Time: _____ (This is the earliest you can get into the space)

Start Time: _____

Departure Time: _____

WILLIAMSBURG LIBRARY

515 Scotland Street, Williamsburg

___ Patricia Schell Memorial Meeting Room – Seats a maximum of 42 w/chairs only; 25 w/tables & chairs

___ Room B – Seats a maximum of 24 w/chairs only; 18 w/tables and chairs

___ Room C – Seats a maximum of 15 w/chairs only; 12 w/tables and chairs

___ Gallery – Standing room for 60 (can only be reserved with another room)

JAMES CITY COUNTY LIBRARY

7770 Croaker Road, Williamsburg

___ Grace & Stanley Kitzinger Community Room – Seats a maximum of 110 w/chairs only; 45 w/tables & chairs

___ Isabelle Cosby Room – Seats a maximum of 15

___ Jane G. & Robert McGaw Room – Seats of a maximum of 24

STRYKER CENTER

412 North Boundary Street, Williamsburg

___ Room 127 – Seats a maximum of 91 w/chairs only, 55 w/tables and chairs

___ Room 128 – Seats a maximum of 48 w/chairs only, 30 w/tables and chairs

___ Room 113 – Seats of a maximum of 20

___ Exhibit Space – Standing room for 195

Equipment Needs:

LCD Projector Laptop Whiteboard Flipchart
 TV/DVD Player Podium Easel

Setup Style:*

Boardroom Theater Classroom U-Shaped Empty
 Other: _____

**NOT ALL STYLES ARE AVAILABLE FOR ALL ROOMS*

Payment:

Payment in full is required within 10 days of application

Cancellation:

No later than 48 hours before use

*****APPLICATIONS WILL AUTOMATICALLY CANCEL AFTER
10 DAYS IF PAYMENT IS NOT RECEIVED*****

I have read and received a copy of the meeting room guidelines, and I accept responsibility as outlined.

The library may give out the contact name and telephone number to anyone inquiring about this program.

I/We will hold the Williamsburg Regional Library harmless for any damages to property and person while our group or organization uses the facilities.

Print name: _____

Signature: _____ Date: ___/___/___

Check if you would like an e-mailed copy of your completed reservation