



PERMIT FOR USE OF ROOMS

Auditorium <input type="checkbox"/>	Board Room <input type="checkbox"/>	Kitchen <input type="checkbox"/>
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Organization Type: Not-for-Profit For-Profit

Organization Name: _____ Contact Name: _____

Address: _____ Contact Email: _____

City/Postal Code: _____ Contact Phone Number: _____

Phone Number: _____ Fax: _____

Nature of Meeting: _____

Date Required: _____ Expected Attendance: _____

Time – From: _____ To: _____

LCD Projector (Overhead) & Laptop <input type="checkbox"/>	Laptop <input type="checkbox"/>
LCD Projector (mobile) <input type="checkbox"/>	Conference Telephone <input type="checkbox"/>
TV & DVD/Blu-ray Player <input type="checkbox"/>	Wi-Fi (Auditorium only) <input type="checkbox"/>

*****Should you need to move the furniture for your meeting, kindly return to original set-up before leaving the room.*****

We certify that we have read the rules and regulations governing the use of the Auditorium, Board Room, and/or Kitchen, and we agree to conform thereto and to be strictly bound thereby.

Responsible Officer Signature: _____

Fee \$: _____

*cheques made payable to the West Nipissing Public Library

Approved by (Staff member): _____

Date: _____ Amount paid: _____ Cash Cheque