



PERMIT FOR USE OF ROOMS

Auditorium <input type="checkbox"/>	Board Room <input type="checkbox"/>	Kitchen <input type="checkbox"/>
Organization Type: Not-for-Profit <input type="checkbox"/> For-Profit <input type="checkbox"/>		
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 <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 be strictly bound thereby.		
Responsible Officer Signature: _____		
Fee \$: _____		
*cheques made payable to the West Nipissing Public Library		
<i>*Library use only*</i>		
Approved by (Staff member): _____		
Date: _____ Amount Paid: _____ Cash <input type="checkbox"/> Cheque <input type="checkbox"/>		