# Santa Rosa County Library System
# Meeting Room Application

- **Please allow 14 days for processing and response to application. Questions may be directed to the library manager.**
- **Cancellations and rescheduling requests should be made at least 48 hours prior to scheduled use.**
- **Seating capacity is 50 in each location.**
- **In consideration of other users, please complete business and cleanup by the end of your scheduled time.**
- **All publicity must state:** ***This is not a library sponsored program/event.***

**Please Print**

**Location (Circle): Gulf Breeze Milton Navarre**

**One Time Event: Date_____Time_____to_____**

**Recurring Event: Dates_____**
**_____Time_____to_____**

**Event Description: _____**

**Number of Attendees_____ Projector Needed?_____**

**Organization _____**

**Contact Name_____**

**Address_____**

**E-Mail Address_____**

**Phone_____ Phone_____**

**Alternate Contact Name_____**

**Address_____**

**E-Mail Address_____**

**Phone_____ Phone_____**

**Please submit the completed application to the library manager or fax to:**
**850-916-5403 Gulf Breeze Library**
**850-626-3096 Milton Library**
**850-936-6016 Navarre Library**

**I have read and understand the Library Meeting Room Policy and agree to abide by it.**

_____
**Signature** **Date of Application**

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**LIBRARY USE ONLY**
**Approved or Denied_____ Notification Date_____**
**If Denied, Reason: _____**