

**Hardin County Public Library
Meeting Space Reservation Application**

Please complete this form and return it to the Hardin County Public Library.

100 Jim Owen Drive * Elizabethtown, KY 42701
Phone: 270-769-6337 * Fax: 270-769-0437

Today's Date _____

*Organization Name _____

*501c3 paperwork attached

Date desired _____

Time _____ to _____

**We close all meeting spaces 30 minutes before closing each day.*

Expected Attendance _____

General Purpose of Meeting _____

As the authorized representative of the above-named organization, I hereby request use of one of the library's meeting spaces as indicated, and have read and agree to follow the regulations stipulated in "Meeting Room Policy" governing use of these facilities.

Name (printed) _____

Signature _____

Contact Phone Number (required) _____

Contact Email (required) _____

Title/Position _____

***This application must be approved before the meeting room is considered to be reserved.**

Library Use

Received by _____ Date _____

Applicant is 18+

Applicant is a Hardin County Public Library cardholder in good standing

Approved by _____ Date _____