

**\*If possible, a physically returned copy would be preferable. If that is not possible, email to both: eburgdorf@cityofpaola.com & youthservices@cityofpaola.com. Thank you!**

## **Meeting Room Application**

**Paola Free Library  
Phone: 913-259-3655  
Fax: 913-259-3656**

Name of Organization \_\_\_\_\_

Contact Person \_\_\_\_\_

Address \_\_\_\_\_

Phone Day \_\_\_\_\_ Evening \_\_\_\_\_

E-mail \_\_\_\_\_

Type of Non-Profit Group:            Educational \_\_\_\_\_  
   Cultural \_\_\_\_\_  
   Political \_\_\_\_\_  
   Professional \_\_\_\_\_  
   Church Related \_\_\_\_\_  
   Other (Please specify \_\_\_\_\_)

Date for which room is needed \_\_\_\_\_

Time needed \_\_\_\_\_

The library may ask the group to repay the cost of any repairs for damage done by my group during our meetings. I have read the Meeting room policy of the Paola Free Library and the group, which I represent, agrees to follow these guidelines.

***\*\*Reservation must be approved by Library Director or Assistant Director, one of whom will call or e-mail the applicant to confirm the reservation made for the meeting room.***

Signature of Representative: \_\_\_\_\_

Date \_\_\_\_\_

Signature of Library Director or Assistant Director

\_\_\_\_\_ Date \_\_\_\_\_

**\*If possible, a physically returned copy would be preferable. If that is not possible, email to both: eburgdorf@cityofpaola.com & youthservices@cityofpaola.com. Thank you!**

## **Meeting Room Application**

**Paola Free Library  
Phone: 913-259-3655  
Fax: 913-259-3656**

Name of Organization \_\_\_\_\_

Contact Person \_\_\_\_\_

Address \_\_\_\_\_

Phone Day \_\_\_\_\_ Evening \_\_\_\_\_

E-mail \_\_\_\_\_

Type of Non-Profit Group:            Educational \_\_\_\_\_  
   Cultural \_\_\_\_\_  
   Political \_\_\_\_\_  
   Professional \_\_\_\_\_  
   Church Related \_\_\_\_\_  
   Other (Please specify \_\_\_\_\_)

Date for which room is needed \_\_\_\_\_

Time needed \_\_\_\_\_

The library may ask the group to repay the cost of any repairs for damage done by my group during our meetings. I have read the Meeting room policy of the Paola Free Library and the group, which I represent, agrees to follow these guidelines.

***\*\*Reservation must be approved by Library Director or Assistant Director, one of whom will call or e-mail the applicant to confirm the reservation made for the meeting room.***

Signature of Representative: \_\_\_\_\_

Date \_\_\_\_\_

Signature of Library Director or Assistant Director

\_\_\_\_\_ Date \_\_\_\_\_

**\*If possible, a physically returned copy would be preferable. If that is not possible, email to both: eburgdorf@cityofpaola.com & youthservices@cityofpaola.com. Thank you!**

## **Meeting Room Application**

**Paola Free Library  
Phone: 913-259-3655  
Fax: 913-259-3656**

Name of Organization \_\_\_\_\_

Contact Person \_\_\_\_\_

Address \_\_\_\_\_

Phone Day \_\_\_\_\_ Evening \_\_\_\_\_

E-mail \_\_\_\_\_

Type of Non-Profit Group:            Educational \_\_\_\_\_  
   Cultural \_\_\_\_\_  
   Political \_\_\_\_\_  
   Professional \_\_\_\_\_  
   Church Related \_\_\_\_\_  
   Other (Please specify \_\_\_\_\_)

Date for which room is needed \_\_\_\_\_

Time needed \_\_\_\_\_

The library may ask the group to repay the cost of any repairs for damage done by my group during our meetings. I have read the Meeting room policy of the Paola Free Library and the group, which I represent, agrees to follow these guidelines.

***\*\*Reservation must be approved by Library Director or Assistant Director, one of whom will call or e-mail the applicant to confirm the reservation made for the meeting room.***

Signature of Representative: \_\_\_\_\_

Date \_\_\_\_\_

Signature of Library Director or Assistant Director

\_\_\_\_\_ Date \_\_\_\_\_

**\*If possible, a physically returned copy would be preferable. If that is not possible, email to both: eburgdorf@cityofpaola.com & youthservices@cityofpaola.com. Thank you!**

## **Meeting Room Application**

**Paola Free Library  
Phone: 913-259-3655  
Fax: 913-259-3656**

Name of Organization \_\_\_\_\_

Contact Person \_\_\_\_\_

Address \_\_\_\_\_

Phone Day \_\_\_\_\_ Evening \_\_\_\_\_

E-mail \_\_\_\_\_

Type of Non-Profit Group:            Educational \_\_\_\_\_  
   Cultural \_\_\_\_\_  
   Political \_\_\_\_\_  
   Professional \_\_\_\_\_  
   Church Related \_\_\_\_\_  
   Other (Please specify \_\_\_\_\_)

Date for which room is needed \_\_\_\_\_

Time needed \_\_\_\_\_

The library may ask the group to repay the cost of any repairs for damage done by my group during our meetings. I have read the Meeting room policy of the Paola Free Library and the group, which I represent, agrees to follow these guidelines.

***\*\*Reservation must be approved by Library Director or Assistant Director, one of whom will call or e-mail the applicant to confirm the reservation made for the meeting room.***

Signature of Representative: \_\_\_\_\_

Date \_\_\_\_\_

Signature of Library Director or Assistant Director

\_\_\_\_\_ Date \_\_\_\_\_

**\*If possible, a physically returned copy would be preferable. If that is not possible, email to both: eburgdorf@cityofpaola.com & youthservices@cityofpaola.com. Thank you!**

## **Meeting Room Application**

**Paola Free Library  
Phone: 913-259-3655  
Fax: 913-259-3656**

Name of Organization \_\_\_\_\_

Contact Person \_\_\_\_\_

Address \_\_\_\_\_

Phone Day \_\_\_\_\_ Evening \_\_\_\_\_

E-mail \_\_\_\_\_

Type of Non-Profit Group:            Educational \_\_\_\_\_  
   Cultural \_\_\_\_\_  
   Political \_\_\_\_\_  
   Professional \_\_\_\_\_  
   Church Related \_\_\_\_\_  
   Other (Please specify \_\_\_\_\_)

Date for which room is needed \_\_\_\_\_

Time needed \_\_\_\_\_

The library may ask the group to repay the cost of any repairs for damage done by my group during our meetings. I have read the Meeting room policy of the Paola Free Library and the group, which I represent, agrees to follow these guidelines.

***\*\*Reservation must be approved by Library Director or Assistant Director, one of whom will call or e-mail the applicant to confirm the reservation made for the meeting room.***

Signature of Representative: \_\_\_\_\_

Date \_\_\_\_\_

Signature of Library Director or Assistant Director

\_\_\_\_\_ Date \_\_\_\_\_