

Statesboro Regional Public Libraries

Statesboro-Bulloch County Library

Isabel Sorrier Room Use Request Form

The individual requesting to use the Room for a function must be at least 21 years of age and present a valid government-issued photo ID at the time the use request form and waiver are submitted. Please review the Isabel Sorrier Room Use Policy before requesting the Room.

Name of Individual: _____

Organization Name: _____

Organization Type:

_____ Civic Organization _____ Open Membership Club

_____ Not for profit organization with proof of status

_____ Other (please explain) _____

Contact Phone Number: _____

Contact Email Address: _____

Room use includes setup and cleanup time. Please fill out a Room Request Form for each date requested. The Room is available Monday – Saturday.

Date Requested: _____

Time Requested: Time In _____ AM PM Time Out _____ AM PM

Meeting or Training Purpose: _____

Tables requested (*max of 17 rectangular*) _____ Chairs requested (*max of 40*) _____

Signature _____ Date _____

Library Use Only

Room Request: Approved/ Denied Total Hours: _____ After Hours: Y/N

Fee Due: _____ **Key Needed:** Y/N Key Returned Date: _____

Paid: Y/N Cash/Card Staff Initials: _____ Date: _____

Patron Barcode: _____