WEAD Library 64 Elm Street, Malone, NY 518 483-5251

*	Date:
Building Use Application by No	on-Library Organizations or Individuals
	, ,
Date(s) Desired:	Time:
Room Desired:	Expected Attendance:
Description of Event:	X
,	
Organization (if applicable):	
Organization/Individual Contact Name:	
Address:	Phone:
NOTE: Filling out this application does not mean to or make definite plans until the application has bee	that you are entitled to the use of the building. <i>Do not</i> advertise on approved.
All meetings and programs must follow the Wead	Library Building Use Policy
I have read and understand the Wead Libra	ary Building Use Policy: Yes No
I request the use of library owned projector	and/or audio-visual equipment: Yes No
I would like to bring light refreshments to	the program/meeting: Yes No
Signature:	Date:
Library Use Only	
Request approved by:	Date:
(Check One) Library Sponsored Pro	ogram Outside Groups/Individuals