

Corpus Christi Public Libraries
Application for use of Meeting Rooms

Organization: _____ Presiding Officer: _____

Phone Number: (cell): _____ Office: _____

Contact Person: _____ Library Card Number: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone Number: (cell) _____ Office: _____

Purpose: _____

Frequency: _____ Expected Attendance: _____ Room: _____

Dates: (No more than twice a month, two months in advance). NO BOOKING IN JUNE/JULY

Time Meeting Begins: _____ Time Meeting ends: _____

of Chairs: _____ # of Tables: _____ (Alcohol Prohibited)

Available Meeting Rooms:

Harte

Mon. - Thu. 10:00 am - 6:30pm

Fri- Sat. 10:00 am - 1:30 pm

McDonald

Mon. - Fri. 10:00am - 5:30 pm

Sat. 11:00 am - 2:30 pm

La Retama

Mon. CLOSED

Tue. - Fri. 10:00 am - 5:30pm

Sat.- Sun. 1:00 pm - 4:30 pm

Garcia

Mon. 10:00 am - 1:30 pm

Tue. - Thu 10:00 am - 3:30 pm ; 6:00 pm -7:30 pm

Fri. - Sat. 10:00 am - 3:30 pm

Hopkins

Mon. - Thu. 9:00 am - 5:30 pm

Fri. - Sat. 9:00 am - 12:30 pm

I have read the Meeting Room Policy Statement and will inform our membership of their responsibilities for using library meeting rooms. On behalf of this organization, I accept responsibility for leaving the room in good order and for any damages that may occur to the facility or equipment resulting from our use.

Representative: _____ Date: _____

Adult Sponsor (if different from above): _____ Date: _____

Library Director/Branch Manager: _____ Date: _____