

LIBRARY EVENTS FORM

Event Title: _____

Sponsor: _____

Name

Department

Office

Extension

E-mail

Library Space: Fine Arts Classroom 224
 Atrium Treehouse 317
 Computer Lab B27C

Proposed Date: _____ Time: _____ to _____

Anticipated Attendance: _____

Technical Requirements: Laptop computer/Multimedia projector
 Podium/Microphone
 Other _____

I agree to work cooperatively with library faculty and staff, abide by Library policies, and maintain neatness of this facility.

Signature_____
Date_____
Library faculty_____
Date_____
Chief Librarian_____
Date