

**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 - 2:00 pm

Tue. - Thu 10:00 am - 4:00 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: \_\_\_\_\_