

**Georgetown County Public Library**  
**Meeting Room Request Form**

**I. Rules**

The meeting rooms of the Georgetown County Library System **are** available for the following uses:

- Library sponsored or co-sponsored programs, at which admission fees may be charged, sales initiated, as appropriate
- County government sponsored or co-sponsored programs
- Community groups with a cultural, educational, and civic emphasis under nonsectarian and nonprofit sponsorship.

Rooms **are not** available for the following:

- For profit purpose such as groups charging admission fees or asking donations; classes conducted by instructors for their profit or to generate future prospects (sales or customers); and groups promoting materials, future courses or services with fees
- Political campaigns (political forums are permitted)
- Personal social activities such as showers, family reunions, and birthday parties
- Meetings that would tend to incite or produce imminent lawless action, to be disruptive of other library functions, or to endanger the safety of library patrons or staff.

**II. Request**

Please fill out the following:

Group/Organization Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Purpose of Meeting: \_\_\_\_\_

Date of Meeting: \_\_\_\_\_ Beginning Time: \_\_\_\_\_ End Time: \_\_\_\_\_

Number of People: \_\_\_\_\_ AV Needs: \_\_\_\_\_ \*Limited AV available after library hours\*

**III. Signature**

**Please Read Before Signing:** I have read and agree to follow the Georgetown County Public Library Meeting Room Policy. I also understand that I am responsible for setting up and putting away any furniture we use, leaving the room in its original condition. Failure to comply with these stipulations may result in denial of future requests to schedule the meeting rooms.

**Your Signature below indicates acceptance of the Georgetown County Public Library Meeting Room Policy.**

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Library Staff Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*Please return the form to the Adult Services Department (center desk) at the Waccamaw Library OR scan and email to Kendra Corey at [kc Corey@gtcounty.org](mailto:kc Corey@gtcounty.org) or to Mallary Allen at [mallen@gtcounty.org](mailto:mallen@gtcounty.org) . We will let you know if we are able to fill your request or not.

If you have any questions or concerns please feel free to email or call (843-545-3623).