



212 South Gaston Street
Brevard, North Carolina 28712
(828) 884-3151 FAX (828) 877-4230
library.transylvaniacounty.org

Facilities Use Request Form

EVENT INFORMATION

Name of Event: _____

Purpose of Event: _____

Requested Timeframe & Date(s): _____

Start Time of Event: _____ End Time of Event: _____

Space Requested (check one):

Rogow Whole

Rogow A (Kitchen)

Rogow B

Amphitheater

Equipment Requested: _____

Will you be showing a movie? _____

If yes, please complete the Transylvania County Library Public Performances Waiver.

Number of Expected Attendees: _____

RESPONSIBLE PARTY INFORMATION

Name of Organization: _____

This Organization Is (check one):

Government

Non-Profit (Provide Proof of 501c3 Status)

For-Profit or Individual Use

Name of Responsible Party: _____

(First & Last name; if "government" then responsible party MUST be a government employee)

Mailing Address: _____

Primary Phone: _____ Secondary Phone: _____

Email Address: _____

I have read and agree to abide by the conditions of the Transylvania County Library Rogow Family Community Meeting Room Use Policy and/or the Transylvania County Library Amphitheater Use Policy.

Signature: _____

Date: _____

OFFICE USE ONLY

Fee: _____ Check #: _____ Date Rec'd: _____

Deposit: _____ Check #: _____ Date Rec'd: _____