TCL Outreach Event Application

Organization Name _____

Contact Name _____

Email _____**Phone**_____

Event Date _____

Event Set-Up Time _____ **Event Start Time** _____ **Event End Time** _____

Estimated Number of Attendees Expected _____

Event Title_____

Venue Name/Address_____

_____

Describe the mission of this event _____

_____

_____

_____

What library resources are requested?

_____Informational Booth   _____Library Card Signups   _____Activity/Program

_____Bookmobile (event must have adequate space and parking for this option)

_____Other _____

Amenities provided by host

_____Tables   _____Electricity/Extension Cords/Outlets

_____Chairs   _____Wifi

_____Restrooms   _____Parking for staff

_____Other