

**STEPHENS CENTRAL LIBRARY**  
**33 West Beauregard, San Angelo, Texas 76903-5887**  
(325) 655-7321 Fax (325) 659-4027  
**Sugg Community Room and / or Rooftop Terrace Application**

Community Room only                       Roof only                       Community Room & Roof

Organization /Event: \_\_\_\_\_

Address \_\_\_\_\_ City/Zip \_\_\_\_\_

Organization/Event Type:  Community  Gov't  Non-Profit  Educational  Private

Primary contact \_\_\_\_\_ Library card number \_\_\_\_\_

E-mail address \_\_\_\_\_

Day phone \_\_\_\_\_ Evening phone \_\_\_\_\_

Address \_\_\_\_\_ City/Zip \_\_\_\_\_

Alternate contact \_\_\_\_\_ E-mail address \_\_\_\_\_

Day phone \_\_\_\_\_ Evening phone \_\_\_\_\_

Describe event \_\_\_\_\_

Date and time \_\_\_\_\_

Number of Attendees: \_\_\_\_\_ Need projector and screen?  Yes  No

Will food or beverages be served?  Yes  No Will alcohol be served?  Yes  No

If this event is open to the public, please provide a brief description for Library calendar and website:

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I have read and understand the TGC Library Community Room and Roof Space Policy and agree to abide by all rules and regulations. I will pick up the check-out sheet at the Circulation Desk before my event begins and return it afterwards.

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

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For Office Use Only:

Insurance Received:

Deposit Received:

Rental Fees Received:

