

Fairfield County Chapter of the Ohio Genealogical Society
Fairfield County Genealogical Library
503 Lenwood Drive Lancaster, Ohio

Facility Use Application

Date _____

Name of organization _____

Contact person _____

Phone number and /or email _____

Purpose of meeting(s) _____

Date(s) and time(s) requested for use of FCGL:

date _____ time _____

date _____ time _____

date _____ time _____

Recurring meetings/times (ex. first Thursday of each month, 7pm-9pm))

I/we have read the Facility Use Policy and Meeting Space Information and agree to abide by the policies set forth.

Signature _____ Date _____

_____ Executive Board approval granted Date _____

Signature of officer _____

Use fee collected — \$ _____ Date _____