

Request to Use Auditorium
Brunswick County Government Building Annex
100 Tobacco St Lawrenceville VA 23868

Name of Organization: _____

Name of Contact Person: _____

Address: _____

Phone: _____ Cell: _____ Email: _____

Requested Dates (s) _____

Time of Day: _____

Purpose: _____

Which of the following best describes your organization? Please check one.

Government Agency

Educational Program

Civic Organization

Other (please specify) _____

I have received a copy of the Facilities Rules and Regulations.

Applicant Signature

Date

OFFICE USE ONLY:

Approved

Denied (specify reason) _____

Signature – Cynthia L. Gregg

Date