

OUTREACH ATTENDANCE REQUEST

STAFF USE ON	NLY			
Approved: Y N	Conta	cted:	Υ	N
Date Contacted:		Staff	Initi	als
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Staff Attending and	Notes			
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Please return to Our	*** b - C -	u ali u		

ORGANIZATION DETAILS Organization Full Address Phone: Contact Name: E-Mail **EVENT DETAILS** Time: Event: Date: Location: Outside Expected Attendance: Check one: Inside Rain or Make-up Plan: Brief Description of Event: (What do you hope to gain from event attendance?) What is provided, and what are we expected to bring?

In accordance with our core values, we reserve the right to deny an attendance request if it does not align with the Saline County Library's policies and mission statement or the guidelines of a County entity to which the Library must adhere. We must also take into consideration the availability of staff for each event; therefore, it is preferred that requests be submitted at least 30 days before the event to ensure proper preparation and scheduling.