

PRINCE GEORGE'S COUNTY MEMORIAL LIBRARY SYSTEM

ADMINISTRATIVE OFFICES

6532 ADELPHI ROAD
HYATTSVILLE, MD 20782

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Community Information File Registration Form

* Please complete all sections that apply to your agency. (The term "AGENCY" implies Agency, Organization, Club or Association.) **Shaded sections are required to be completed.** If the information requested in the shaded sections does not apply to your Agency, write *N/A* or *NONE* in that section.

AGENCY NAME:

(List your Agency name as it should appear in the directory.)

Alternative Name:

(Other name(s) by which your Agency is known)

Physical Address:

Mailing Address: (If same as Physical Address, put "SAME")

Contact Person:

Telephone Numbers:

Regular Phone Number:

Special Number (Hotline, etc.):

Toll Free Number:

Fax Number:

E-Mail Address:

Website URL: <http://>

Days & Hours of Operation:	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
Open:							
Close:							

Geographic Area Served:

Type of Organization: (Please ✓ the most appropriate category)

- | | | | |
|----------------------------------------------|-----------------------------------------------|------------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Art | <input type="checkbox"/> Business | <input type="checkbox"/> Child/Family Services | <input type="checkbox"/> Civic |
| <input type="checkbox"/> Condominium | <input type="checkbox"/> Crafts & Hobbies | <input type="checkbox"/> Educational | <input type="checkbox"/> Environmental |
| <input type="checkbox"/> Ethnic | <input type="checkbox"/> Fire Fighters | <input type="checkbox"/> Fraternal | <input type="checkbox"/> Friends of the Library |
| <input type="checkbox"/> Gardening | <input type="checkbox"/> Genealogy | <input type="checkbox"/> Government | <input type="checkbox"/> Health |
| <input type="checkbox"/> Homeowners | <input type="checkbox"/> History/Preservation | <input type="checkbox"/> Law Enforcement | <input type="checkbox"/> Legal Assistance |
| <input type="checkbox"/> Performing Arts | <input type="checkbox"/> Politics | <input type="checkbox"/> Professionals | <input type="checkbox"/> Religious |
| <input type="checkbox"/> Retirees | <input type="checkbox"/> Seniors | <input type="checkbox"/> Service Club | <input type="checkbox"/> Social Services |
| <input type="checkbox"/> Sports & Recreation | <input type="checkbox"/> Support Group | <input type="checkbox"/> Technology | <input type="checkbox"/> Toastmasters |
| <input type="checkbox"/> Veterans | <input type="checkbox"/> Women | <input type="checkbox"/> Youth | |
| <input type="checkbox"/> Other _____ | | | |

Give a brief description of your Agency's purpose, services or mission (please be specific):

Language(s)
Spoken by Staff: _____

Travel: Public Transportation: Bus () Route # _____ METRO () Line _____
Parking: On Street () Lot () Number of Spaces _____ Fee () Amount _____
Nearest Cross Street(s): _____
Other Directions: _____

Membership Meetings: () YES () NO (If YES, please indicate regular meeting dates, if applicable.)

Eligibility:

Restrictions: _____
Fees: _____
Admission _____
Procedures: _____

Accommodations for the disabled:

Publications: _____

Programs: _____

Events: _____

Meeting Rooms:
Do you have meeting rooms available for public use? () YES () NO (If YES, please complete the following)

Name & General Description: _____

Location: _____

Maximum number of people: _____

Available Equipment: _____

Rental Fee: _____

Equipment to Loan:

Type of Equipment: _____

Brand Name, Model: _____

Description: _____

Rental Fee: _____

Restrictions: _____

Volunteers:

Does your Agency use volunteers? () YES () NO

Description of volunteer use: _____

Special requirements: _____

Does your Agency provide volunteers? () YES () NO

Description of volunteer services provided: _____

Special requirements: _____
