



Minnesota
Genealogical
Society

**Request for use of the Hoffman Research Library
Outside of regularly scheduled hours**

Requesting Partner _____

Name of contact person _____

Phone number and/or email _____

Date, time, and duration of request _____

Number of researchers expected _____

Are the researchers members? Y____ N____. If not, a fee of \$10 will apply for each non-member. The fee **may** be waived with board approval.

Is this request in conjunction with an event? If so, please provide details _____

There must be a minimum of two trained volunteers present in the Library while your researchers are using it.

Please provide the names of the volunteers _____

Would you like help recruiting trained volunteers? If so, how many would you like? _____

(There is no guarantee that trained volunteers will be available.)

Other comments? _____

Today's date _____

Allow ample time for MGS Board approval.

Please return completed form to the "Library/Journals" mailbox or electronically to: libmgr@mngs.org