

Meeting Room Reservation Form

Required information (please print clearly):

Group Name _____

Contact person _____

Full address _____

Home number _____ Cell _____ Office _____

Email address _____

Purpose / function of group _____

Date(s) requested _____ Time(s) requested _____

Number of people expected _____

Library facility requested _____

Room Setup:

- Classroom-style Auditorium Tables in u-shape Tables in square
 Other (describe)

Equipment Requested:

- Digital projector Presentation laptop Laptop lab (10 laptops) Whiteboard

Will your group bring food and beverages? Yes No

Your signature below indicates that you received a copy of the Meeting Room Guidelines, have read them and understand them.

Note: Form must be filled out completely for reservation to be made. Incomplete forms will be returned and room will not be reserved. You must fill out a new form each time you make a reservation. FEES MUST BE PAID TWO WEEKS IN ADVANCE.

Office Use Only:

Date paperwork received: _____ Date fees paid: _____

Amount received: _____

Staff initials: _____