

# Apache County Library District 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.

Name of Responsible Party(print) \_\_\_\_\_ Signature: \_\_\_\_\_

**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.**

<b>Office Use Only:</b>	
Date paperwork received: _____	Fees paid: Key _____ Food _____
Date fee(s) paid: _____	Form of payment: Cash _____ Check _____
Total amount received: _____	
Staff initials: _____	