

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,
- you agree to a background check,
- you agree to hold the library harmless for any use of the library or of the keys,
- if key assigned to you is lost, you will bear the cost of rekeying the building,
- and you will lose the privilege of borrowing the key in the future.

SIGN HERE



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 _____