

Meeting Room Reservation Form

Name of Group: _____

Contact Person: _____

Address: _____

Phone No.: _____

Date Needed: _____

Time in: _____

Time out: _____

Whole Room: Yes No (circle one)

Number attending: _____

Half Room: Yes No (Circle one)

Equipment Needed:

Refreshments being served: Yes NO (Circle one)

What is being served:

The room must be cleaned and vacated 10 minutes prior to the library's closing time. The person signing this reservation is responsible for problems and costs resulting from misuse. Groups accept responsibility for repair or replacement of damaged and/or missing equipment. A responsible adult sponsor **MUST** supervise children's groups.

I have received a copy of the Meeting Room Policy and understand and will comply with all its regulations including any fees due when applicable.

Signature of Group Representative

Date: _____

Librarian's initials: _____

Date _____