

Meeting Room Reservation Form

Name of Group: _____

Contact Person: _____

Address: _____

Phone No.: _____ Email: _____

Date(s) Needed: _____ Time: _____ Thru: _____

(Up to three reservations at a time, no more than 3 months in advance) _____ Time: _____ Thru: _____

_____ Time: _____ Thru: _____

Room A Room B Both (circle one)

Will the group be charged for the room? Yes _____ No _____

How would you like the event listed on the online calendar? If you don't want the group name listed, specify 'private event'.

Equipment Needed: Digital projector (\$20/4hrs) _____ TV & DVD Player (\$5/4hrs) _____
Laptop computer (\$5/4hrs) _____ Legos &/or Duplos (\$25/4hrs) _____

Refreshments being served (No red drinks, no alcohol): Yes No (Circle one)

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. I understand that this room cannot be used to sell goods or services.

Signature of Group Representative

Date

For Staff Use Only:

Reservation taken by: _____ Date: _____

Added to Calendar Res 1 payment am't: _____ Rec'd by: _____ Date: _____

Res 2 payment am't: _____ Rec'd by: _____ Date: _____

Res 3 payment am't: _____ Rec'd by: _____ Date: _____