

_____ **PUBLIC LIBRARY**
Meeting Room Reservation Form

DATE OF APPLICATION:	TIME:
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GROUP INFORMATION:

Name of Organization:		
Type of Organization: <input type="checkbox"/> Civic <input type="checkbox"/> Educational <input type="checkbox"/> Religious Other (<i>please specify</i>) _____		
Applicant's Name:		
Applicant's Address:		
Business Phone () –	Home Phone () –	E-Mail:

MEETING INFORMATION:

Date of Meeting:	Start Time:	End Time:
Estimated Attendance:	Open to the Public? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Detailed description of meeting and its purpose:		

EQUIPMENT NEEDED:

- Tables Chairs VCR DVD
- Computer Kitchen Overhead Projector Opaque Projector
- Coffeepot Punchbowl White Board Slide Projector

I have read and agree to abide by the policy governing the use of the meeting room and accept responsibility for the room and any damages.

Applicant's Signature: _____ Date _____

Librarian's Signature: _____ Date _____

Approved: Yes No

If not approved, state reason:
