

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) Open to the public? Yes _____ No _____

Will the group be charged for the room? (\$25 per hour or part thereof) Yes _____ No _____

Equipment Needed? Digital projector (\$5/4hrs) Yes _____ No _____

TV & DVD Player (\$5/4hrs) Yes _____ No _____

Total owed at check in: _____

Would you like this event listed on the online calendar? Yes _____ No _____

If yes, how do you want it listed?

Refreshments being served? (No red drinks, no alcohol) Yes _____ No _____

- Group representative must check in at the circulation desk; clean and vacate the room 15 minutes prior to closing; and check out before leaving
- Group representative is responsible for costs to repair damages resulting from misuse
- Room cannot be used to sell goods or services
- Group representative has received a copy of the Meeting Room Policy and agrees to comply with all Library policies and guidelines

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: _____