

MEETING ROOM RESERVATION FORM

Date of program:

Booked:

Name of Organization:

Title of Program:

Date(s) Requested:

Hour(s):

to

Expected attendance:

Equipment needs:

Folding Table

VCR/Monitor

Digital Projector

Speakers

Chairs

Easel

Projection Screen

NOTE: Groups are responsible for set up of requested equipment including chairs, tables and coffeepots; however, the library will set up AV equipment.

I, the undersigned, having read the policy and regulations governing the meeting room(s), accept the responsibilities stated therein.

Applicant's Signature:

Date:

Applicant's Name (please print):

Email:

Address:

Telephone: