



## Meeting Room Reservation

Date of Meeting: \_\_\_\_\_ Time: from \_\_\_\_\_ to \_\_\_\_\_

Room:       Community Room       Upper Level Conference Room       Training Room

*Meeting rooms MUST BE VACATED* one (1) hour following the closing of the Library.  
(Organizations will be charged \$25.00 if room is not vacated by deadline.)

Name of Organization: \_\_\_\_\_

Contact Person:      Name: \_\_\_\_\_  
                                 Phone: \_\_\_\_\_  
                                 Email: \_\_\_\_\_

<p>First time user? _____ yes _____ no</p>
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Nature and Purpose of Meeting: \_\_\_\_\_

Expected Attendance: \_\_\_\_\_

**Please Check Items Needed:**

\_\_\_\_\_ coffee pot      \_\_\_\_\_ easel      \_\_\_\_\_ DVD/projector      \_\_\_\_\_ lapel microphone  
\_\_\_\_\_ podium      \_\_\_\_\_ VCR/projector      \_\_\_\_\_ overhead projector  
\_\_\_\_\_ handheld wireless microphone      \_\_\_\_\_ laptop/projector/wireless mouse

**NOTE:** I understand that my organization is financially responsible for the repair of damage to rooms, furnishings and the repair or replacement of any of the equipment listed above that is damaged or missing following this session. I also understand that my organization is responsible to clean up and restore the room to its original state.

I hereby apply for use of the library's meeting room and agree to abide by the policies furnished to me, and to give notice of cancellation within two working days prior to the meeting to the office of the Administrative Assistant.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

FOR OFFICE USE ONLY

Authorized By: \_\_\_\_\_  
Special Instructions: \_\_\_\_\_

Custodian's Report:

Room was left in:    ( ) satisfactory condition      ( ) unsatisfactory condition

Explanation/initials: \_\_\_\_\_

Damaged Items: \_\_\_\_\_

Missing Items: \_\_\_\_\_