

Room Reservation Form

Contact Name: _____ Phone: _____

Group/Organization Name: _____ Email: _____

Purpose of Use:

- | | | |
|--|------------------------------------|-------------------------------------|
| <input type="checkbox"/> Public information | <input type="checkbox"/> Services | <input type="checkbox"/> Recreation |
| <input type="checkbox"/> | <input type="checkbox"/> Education | <input type="checkbox"/> |
| <input type="checkbox"/> Private appointment | <input type="checkbox"/> Tutoring | <input type="checkbox"/> Planning |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Needed Amenities:

- | | | |
|--|--|---------------------------------------|
| <input type="checkbox"/> Digital Projector | <input type="checkbox"/> TV | <input type="checkbox"/> Microwave |
| <input type="checkbox"/> | <input type="checkbox"/> 12-cup coffee maker | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> DVD Player | <input type="checkbox"/> Mini-fridge | _____ |
| <input type="checkbox"/> screen | <input type="checkbox"/> | |

Reservation Schedule:

(up to 52 meetings per calendar year):

- Special use outside of regular library service hours (*rate for costs will be provided*)
- On-going

Regular Schedule:

(eg. 1st Friday of month, 11 AM) _____

- Limited dates (*use back of form for more dates*):

Room Preference:

- | | | |
|--|---|--|
| <input type="checkbox"/> Rie Lamont Community Room (capacity 20) | <input type="checkbox"/> Program Room (capacity 50) | <input type="checkbox"/> Study Room (<i>capacity 10</i>) |
|--|---|--|

Please read and sign the following declaration:

I have been given a copy of the Room Reservation Policy and as contact person for my group, agree to follow the policy. If there are violations, I understand that we may lose our use of rooms at The Community Library until further notice.

Signature: _____

Date: _____

Room Reservation Group/Individual Name: _____

	Reservation Date	Start Time	End Time	Approval Initials
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