MEETING ROOM RESERVATION FORM

PLEASE PRINT ALL INFORMATION CLEARLY

Today’s Date: __________________________

NOTE: Until this form has been returned to the library and the reservation has been confirmed, your room reservation is NOT booked. The Library Board of Trustees will be the final authority in granting or refusing permission to use meeting rooms.

Group's Name: __________________________________________________________________________

For Profit: _____ Nonprofit: _____

Purpose of Meeting: __________________________________________________________________________

Day and Date of Meeting: __________________________________________________________________________

Time of Meeting: Start: __________ Finish: __________

Please allow time to set up AND clean up.
It is the group’s responsibility to set up the room and clean up after the meeting.

Anticipated Attendance: _______

Person Responsible for Meeting Room: __________________________________________________________________________

Address: ______________________________________________________________________________________

Telephone: ___________________________ Email (print): __________________________

Equipment Available (check desired equipment):

_____ Wireless Laptop & LCD Projector  _____ Blu-ray Player & LCD projector  _____ Podium w/ Microphone

You MUST reserve use of the equipment at the time of registration!

The undersigned agrees on behalf of the above named organization to be responsible for any damage sustained to library property while being used by the organization, to follow all rules and regulations as set forth in the Easttown Library Meeting Room Policy, and to leave the room neat and orderly.

Signature of person accepting responsibility for the meeting room: __________________________________________________________________________

Reservation Confirmed by: __________________________

Not approved: __________________________ (if use of a room is not approved, an explanation will be provided)

Room assigned: ___ Arronson ___ Kohn ___ Arronson/Kohn ___ Ward ___ Friends ___ Beatty ___ Harron

Total Fees: _____________

Prepayment required.

June 2015

6/2015 AJS