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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: _____

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): TV w/ VCR/DVD conference telephone

DVD player & LCD projector podium w/ microphone wireless laptop & LCD projector.

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

CANCELLATION FEE (WITHOUT 24 HOURS NOTICE) = \$25

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 all rules and regulations as set forth in the Easttown Library & Information Center's Meeting Room Policy, and to return the room to the original arrangement.

Signature of person accepting responsibility for the meeting room _____

Reservation Confirmed by: _____

Disapproved*:

*If use of room is not approved, an explanation will be provided.

Room assigned (check one): Arronson Kohn Arronson/Kohn Beatty Harron

Total Fees: _____

Prepayment required.

December 2007

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