

FACILITY RESERVATION FORM
CITY OF WHITEWATER – IRVIN L. YOUNG MEMORIAL LIBRARY
431 West Center Street, Whitewater, WI 53190 (262) 473-0530

NAME OF GROUP OR ORGANIZATION _____

PERSON IN CHARGE _____ **Phone number (work)** _____
(home) _____

ADDRESS _____
Number and Street City State Zip

EMAIL ADDRESS _____

The email address will be used to confirm this reservation. Please be legible.

LOCATION REQUESTED: Please indicate Facility choice with (X).

Community Room: Entire _____ Community Room: South _____
Community Room: North _____ Kitchen _____

DATE OF EVENT _____

TIME REQUESTED

Beginning time (include time for set up) _____ am/pm

Posted time of meeting: from _____ am/pm to _____ am/pm

Exit time (include tear down time) _____ am/pm

Name or contact info for Web site calendar:

APPROXIMATE NUMBER OF PEOPLE EXPECTED TO ATTEND _____

Note: Groups are responsible for putting the room back after each use.

Failure to do so may result in future room requests being denied.

EQUIPMENT REQUIRED: (Circle) chairs, table, coat rack, coffee maker, VCR/DVD player and TV, screen, overhead projector, slide projector, lectern, laptop computer, laptop projector. (indicate how many chairs and tables) _____

I have received a copy of and read the Meeting Room Policy, I understand the building regulations relative to the use of these facilities, and I agree to requirements as stated in Section L of the Meeting Room Policy.

Signature of Responsible Person

Date

Approved by Library Director

Date

Dec 2013