



Irvin L. Young Memorial Library

ROOM RESERVATION REQUEST

NAME OF GROUP OR ORGANIZATION: _____

CONTACT PERSON: _____ **PHONE:** _____

EMAIL ADDRESS: _____

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

LOCATION REQUESTED: Please indicate choice with an "X"

Community Room (Entire; max. cap. 100) _____ Community Room (South; max. cap. 65) _____

Community Room (North; max. cap. 35) _____ Small Meeting Room (max. cap. 4) _____

DATE OF EVENT: _____

TIME OF EVENT: Set-up time: _____ a.m./p.m.

Event start time: _____ a.m./p.m. Event end time: _____ a.m./p.m.

Takedown time: _____ a.m./p.m.

Note: Room must be returned to the standard set-up before you leave. Failure to do so will result in future requests being disapproved.

APPROXIMATE NUMBER OF PEOPLE EXPECTED TO ATTEND: _____

EQUIPMENT REQUESTED: (Circle) coffee maker, DVD player and TV, screen, lectern, laptop computer, laptop projector. NOTE: Chairs and tables are in the room.

I have 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 Signed

Signature of Library Director

Date Signed