

MEETING ROOM RESERVATION

DATE _____

NON-PROFIT ORGANIZATION: _____

CONTACT PERSON (*must be in attendance at meeting*): _____

OFFICE HELD IN ORGANIZATION: _____

HOME ADDRESS: _____

CONTACT TELEPHONE: _____ CELL: _____

EMAIL: _____ WEBSITE: _____

LIBRARY CARD NUMBER (*must be resident card or full-service non-resident card*): _____

Describe the nature and/or mission of the organization. (*All information on this form is considered to be in the public domain.*) _____

Describe the nature and/or purpose of this meeting being scheduled at GPL. Please be specific.

Room, date, and time requested—be sure to include time for set-up and clean-up:

ROOM	DATE	TIME	NUMBER OF PEOPLE EXPECTED
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Prior to the meeting, the organization is responsible for setting up any additional tables and chairs that may be needed. (The Auditorium normally has 50 chairs set up.) After the meeting, the organization is responsible for returning the room to its original configuration. The Library will make sure the number of requested tables and chairs are readily available.

EQUIPMENT: Chairs (indicate number) _____ Tables (indicate number) _____
Lectern _____ Microphone(s) _____
Other _____

Refreshments may be served in the Schrock Auditorium, but not in Meeting Room A/B. Such items are limited to finger foods and nonalcoholic beverages. Please do not serve red punch. Use of the kitchen is available upon request.

By signing this form, I acknowledge that I have read the meeting room policy and the regulations stipulated by the Goshen Public Library Board, and I agree to take responsibility for ensuring that all attendees abide by them.

I declare that the organization or group listed above is non-profit and noncommercial and is responsible for any infraction of the regulations and any damages to library property incurred during or in connection with the use of the meeting rooms.

I am the only person authorized to schedule meetings using this application.

NAME _____ DATE _____

If any parts of the application are left blank, the form may be returned for more information.

LIBRARY USE ONLY

Received by _____ (date and initial)

Approved by _____ (date and initial)

Scheduled _____ (date and initial)

Contact person notified _____ (date and initial)