

NIPPERSINK PUBLIC LIBRARY DISTRICT
MEETING ROOM RESERVATION REQUEST FORM

All applicants must be at least 18 years of age.

Name or Organization: _____

Organization Address: _____

Contact Person: _____

Contact's Cell Phone: _____ Alternate Phone: _____

Contact's E-mail Address: _____

Date(s) of Meeting: _____

A series of meetings may be booked for the next calendar year after Dec. 15 of the current year.

Time Requested: From _____ To: _____ # Attending: _____

Purpose of Meeting: _____

Room Requested: _____ Large Meeting Room (max. 60 seated; 90 standing room only)

_____ David Gardner Room (max. 12 seated)

Equipment Requested: _____ Data Projector/DVD Player

FEES:

_____ Not-for-profit organization No charge

_____ For-profit business or tutor \$25.00 (PER MEETING/DATE) (Room is not confirmed until payment has been received. Meeting Room Fees are non-refundable.)

Fee received: _____ Date: _____ Check # or E-Pay # : _____

Form received by: _____ Date verified: _____ Today's Date: _____
(staff initials) (staff initials)

I have read the Nippersink Public Library District Meeting Room Policy and agree to abide by all policies/procedures governing the use of the Meeting Room(s).

Applicant's Signature: _____ Date: _____

Approved by: _____ Date: _____

The Meeting Room Reservation Request Form may be submitted to staff at the Circulation Desk or e-mailed to nippersink@nippersinklibrary.org. Completed forms will be reviewed and upon approval, requestor will receive a phone call or e-mail confirming the reservation.