

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/civic/community group: No charge.

\_\_\_\_\_ For-profit/business purpose/ tutors/any meeting not open to the public: \$25.00 (PER MEETING/DATE)

**(Please note that if you do not qualify as a not-for-profit organization, civic or community group, you will be required to pay the meeting room fee. 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](mailto:nippersink@nippersinklibrary.org). Completed forms will be reviewed and upon approval, requestor will receive a phone call or e-mail confirming the reservation.