

Meeting Room Reservation Request Form

Requestor Name: _____

Address: _____

Cell Phone: _____ Alternate Phone: _____

Email: _____

Organization or Group Name: _____

Organization Type (Not-for-profit, for-profit, community group, etc.) _____

Date(s) of Meetings: _____

Meetings may only be booked 4 months in advance

Time Requested: _____ Expected Attendees: _____

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

David Gardner Room (max. 12 seated)

Small Conference Room (max. 12 seated)

Purpose of Meeting: _____

Equipment Requested: Projector/Screen DVD Player

Room Set Up Notes: _____

Special Requirements: _____

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

Requestors' Signature: _____ Date: _____

Approved by: _____

Signature: _____ 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.