

**OHOOPPEE REGIONAL LIBRARY SYSTEM
MEETING ROOM RESERVATION FORM**

I have read the policy for the use of Meeting Room Facilities of the Ohooppee Regional Library System, and I request permission to reserve the meeting room at the following library for the following organization, purpose and time. I agree to abide by the policy and further agree to be responsible for any damages or problems that may arise.

DATE _____ LIBRARY _____

ROOM OR LOCATION _____

NAME OF ORGANIZATION _____

PURPOSE OF MEETING _____

APPROXIMATE NUMBER OF PARTICIPANTS _____

PARTICIPANTS PRIMARILY ADULT _____ YOUTH _____

NAME OF PERSON MAKING RESERVATION _____

ADDRESS _____

TELEPHONE NUMBER(S) _____

DATE(S) MEETING ROOM TO BE USED _____

HOURS MEETING ROOM TO BE USED _____

SIGNATURE _____

RESERVATION TAKEN BY: _____

DATE _____ TIME _____

ROOM CHECKED -- PRIOR TO USE DATE _____ TIME _____

NOTES _____

_____ CHECKED BY _____

ROOM CHECKED -- AFTER USE DATE _____ TIME _____

NOTES _____

_____ CHECKED BY _____

FEE PAID \$ _____

KEY ISSUED TO _____ DATE _____

KEY RETURNED BY _____ DATE _____