

Meeting Room Reservation Form

LHPL Meeting Room/ Branch Facility Request

Organization/Group Name _____

Purpose of Meeting _____

Meeting Date: _____ Estimated Attendance: _____

Start Time: _____ End Time: _____

Room Reserved: Hoosier Room Spencer Co. Room Book Store Room
(Please Circle All Needed) Kitchen Café Area Storytime Room

Chrisney Solar Pavilion

Name: _____ Phone: _____

Email: _____ Alternate Phone: _____

Request Approved: Yes No Deposit Received: Yes No

Fee Charged? Yes No Amount Charged: _____

As a responsible adult representative of this organization/group, I am requesting use of a Meeting Room or the Branch facility. I will be present at this meeting. I agree to the conditions of use as stated in the LHPL Meeting Room/Facility use policy.

Signature: _____ Date: _____

Actual Attendance: _____

Request Approved: _____ Date: _____
(Director)

Room Checked: _____ Date: _____
(Staff Signature)

Deposit Returned: Yes No

Reason Deposit Not Returned: _____