

**Meeting Room Reservation Request Form
First Regional Library**

Name of Organization (please do not use abbreviations or initials)

Purpose of Organization

Name of leader, primary contact person/person in charge (**must be 21 yrs of age or older and have a valid First Regional borrower's card)

Address: _____

City, _____ State, _____ Zip Code _____

Cell phone/pager info: _____

E-mail address: _____

Home phone: (____) ____-_____

Work phone: (____) ____-_____

Name of additional contact person (optional): _____

Address: _____

City, _____ State, _____ Zip Code _____

Cell phone/pager info: _____

E-mail address: _____

Home phone: (____) ____-_____

Work phone: (____) ____-_____

Approximate number of members: _____

Estimated attendance of meeting: _____

I have read the meeting room policies, regulations and procedures. The organization and I agree to comply with them. We agree to be responsible for the general conduct of and any damages caused by the members and guests of this organization during the time the Library's facilities are used by us.

Signature of Contact Person

Today's Date

Specific Meeting Room Dates Requested:

Specific Meeting Times:

From: _____ To: _____
From: _____ To: _____
From: _____ To: _____

Note: An updated registration form may be requested at any time