**Meeting Room Reservation Request Form**

**Dixie Regional Library System**

Branch Name: \_\_\_\_\_Date Submitted: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Organization (Please do not abbreviate or use initials):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Purpose of Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Purpose of Meeting:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary contact person (please print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address of Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_

Approximate Number of Members: \_\_\_\_\_\_\_\_\_\_ Estimated Attendance at Meeting:\_\_\_\_\_\_\_\_

Dates Requested:

 From: To: \_\_\_\_

 From: To: \_\_\_\_

 From: To: \_\_\_\_

The undersigned certifies that he or she has a valid DRLS Library Card, is a member of the organization or group and will personally be present during the entire meeting to be held at the library meeting room. The undersigned agrees to comply with the meeting room policy, including being responsible for the general conduct of and any damages caused by the members and guests of this organization.

 \_\_ \_\_ \_\_ \_\_ \_\_

Signature of contact person Date of application

 \_\_ \_\_ \_\_

Signature of library representative

Date of denial: \_\_ Reason for denial of application: \_\_ \_\_\_\_\_\_

\_ \_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_ \_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reimbursement for use: amount: \_$ Date of payment: Received by: \_\_\_\_\_

Damages/Janitorial fees: assessed: $ Date of payment: Received by: \_\_\_