

Date: _____

Dexter District Library

Application for Meeting Room Reservation

It is vital that we have one adult (person over 18 years of age) serve as the "point of contact" person who will be the responsible party for the Library to communicate with. This application must be fully completed with accurate information and submitted at least 48 hours prior to the date of your request.

Point of Contact Person:

Organization Information:

Name: _____ Name of Group: _____

Phone: _____ Purpose of Meeting: _____

Mailing Address: _____

Email: _____ Signature: _____

By signing this form, the applicant acknowledges having read and agrees to abide by the DDL's Meeting Room Use Policy

Reservation Information:

Requested Meeting Date: _____ Requested Meeting Time: _____

Additional Time Needed for Room Set-Up Prior to Meeting: _____

Anticipated Time Needed for Room Clean-Up Following Meeting: _____

Number of Tables Requested: _____ Number of Chairs Requested: _____

Planning to Serve Refreshments? Yes / No

Need Access to Kitchenette? Yes / No

Planning to use the Library's Technology Equipment? Yes / No

If yes, you must schedule a training session on the use of the Library's equipment PRIOR to your meeting date.

Office Use Only:

Security Deposit

Check #

Envelope #

Refunded:

Approved/Denied

Reason for Denial

Confirmation

date

via phone / email

notes:

Tech. Equipment

training scheduled