



# Irvin L. Young Memorial Library

## ROOM RESERVATION REQUEST

**NAME OF GROUP OR ORGANIZATION:** \_\_\_\_\_

**CONTACT PERSON:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

The email address will be used to confirm this reservation. Please write clearly.

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**LOCATION REQUESTED:** Please indicate choice with an "X"

Community Room (Entire; max. cap. 100) \_\_\_\_\_ Community Room (South; max. cap. 65) \_\_\_\_\_

Community Room (North; max. cap. 35) \_\_\_\_\_ Small Meeting Room (max. cap. 4) \_\_\_\_\_

**DATE OF EVENT:** \_\_\_\_\_

**TIME OF EVENT:** Set-up time: \_\_\_\_\_ a.m./p.m.

Event start time: \_\_\_\_\_ a.m./p.m. Event end time: \_\_\_\_\_ a.m./p.m.

Takedown time: \_\_\_\_\_ a.m./p.m.

Note: Room must be returned to the standard set-up before you leave. Failure to do so will result in future requests being disapproved.

**APPROXIMATE NUMBER OF PEOPLE EXPECTED TO ATTEND:** \_\_\_\_\_

**EQUIPMENT REQUESTED:** (Circle) coffee maker, DVD player and TV, screen, lectern, laptop computer, laptop projector. NOTE: Chairs and tables are in the room.

I have read the Meeting Room Policy, I understand the building regulations relative to the use of these facilities, and I agree to requirements as stated in Section L of the Meeting Room Policy.

\_\_\_\_\_  
Signature of Responsible Person

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Signature of Staff

\_\_\_\_\_  
Date Signed