

# Meeting Room Reservation Request Form

\_\_\_\_\_ requests the  
use of  
(Name of Individual and/or Organization)

the \_\_\_\_\_ Date \_\_\_\_\_ McConchie Meeting Room on  
(Day and Date)

for the hours of \_\_\_\_\_.  
(Time)

Purpose / Type \_\_\_\_\_ of \_\_\_\_\_ Meeting /  
Event \_\_\_\_\_

- I accept responsibility for any damages that occur during this time reserved for me.
- I have read and understand the attached Meeting Room Policy.
- It is understood that the non-refundable rental fee and a security deposit (if a key is needed) must be paid upon completion of this request, which must be submitted a minimum of 24 hours prior to the requested date/time.
- I understand that a security camera is located in the Meeting Room for the protection of our patrons and staff.

Printed Name \_\_\_\_\_

Signature \_\_\_\_\_

Address \_\_\_\_\_

Phone number \_\_\_\_\_

Date \_\_\_\_\_

Amount paid \_\_\_\_\_  
\_\_\_\_\_

Check number \_\_\_\_\_

Rev. 07-2012

**Library Use:** Date key returned \_\_\_\_\_ Date key deposit returned \_\_\_\_\_