

Warsaw Community Public Library
Meeting Room Request Form

Meeting Room Preference: A B A/B C **(staff use only)**

Date(s): _____

Set Up Time: _____ Start Time: _____ End Time: _____

Number of Attendees: _____

Organization Name: _____

Name: _____

Contact Phone Number: _____

Email Address: _____

Equipment Available (check items needed):

Tables: (#)	_____	Screen Easel	_____	
Chairs (#)	_____	Sound System	_____	
Podium	_____	Coffee Maker	12 Cup	24 Cup
Lapel Microphone	_____	White Board		
Handheld Microphone (Rm C Only)	_____	Markers/Eraser	_____	
TV	_____	Laptops	_____	
DVD	_____			
LCD Projector	_____			
Kitchenette (Rm AB Only)	_____			

Will you bring refreshments? Y / N

I have read and understand the meeting room policy. I certify that this meeting will be educational, cultural, intellectual, or charitable in nature. I declare that the information given above is true. Through me, the group is responsible for any infractions of the regulations and damages to library property incurred during or in connection with the use of the meeting room. I will abide by the maximum occupancy limits, as stated in the policy.

_____ I agree (please initial)

No collection of monies may be taken on library premises.

