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

Will you be bringing in 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.