

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 _____	Coffee Maker 12 Cup 24 Cup
(Rm C Only) _____	Podium _____
TV _____	White Board _____
DVD _____	Markers/Eraser _____
LCD Projector _____	Laptops _____
Keyboard _____	
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.

