

**RUSSIAVILLE BRANCH LIBRARY MEETING ROOM REQUEST FORM**

Kokomo-Howard County Public Library

*Use one form for each meeting date. Copy form as needed.*

Date Form Completed: \_\_\_\_\_

Group Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Day Phone: (\_\_\_\_) \_\_\_\_\_ Night Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

incl. Zip \_\_\_\_\_

Request for: Date \_\_\_\_\_ Time \_\_\_\_\_ - \_\_\_\_\_ AM/PM

**ROOM REQUESTED:** Check appropriate selections

\_\_\_\_\_ CONFERENCE ROOM

Chairs only for \_\_\_\_\_ people

OR

Tables and chairs for \_\_\_\_\_ people

Table/chair set-up:

\_\_\_\_\_ Tables in rows with chairs facing front OR

\_\_\_\_\_ Tables sideways with chairs on both sides OR

\_\_\_\_\_ Tables in U shape (for 20 people or less) with chairs on the outside OR

\_\_\_\_\_ Tables in square (for 20 people or less) with chairs on the outside

**AUDIO-VISUAL EQUIPMENT REQUESTED:**

\_\_\_\_\_ TV monitor/VCR

\_\_\_\_\_ Overhead projector

\_\_\_\_\_ Projection screen

**OTHER EQUIPMENT REQUESTED:**

\_\_\_\_\_ Coffee pot

\_\_\_\_\_ Chalkboard

*Groups are required to abide by the rules governing the use of the library and of the meeting rooms. I accept responsibility and agree to pay the library for any damages to the room and/or equipment which may occur during my use.*

\_\_\_\_\_  
Signature of Contact Person

**Library Use Only:**

Reservation Approved By: \_\_\_\_\_

No Charge \_\_\_\_\_ OR Fee Paid: Amount \$ \_\_\_\_\_ Cash \_\_\_\_\_ OR Check # \_\_\_\_\_

Name on Check if not Organization's \_\_\_\_\_

Receipt Dated: \_\_\_\_\_