

KHCPL MAIN MEETING ROOM REQUEST FORM

Kokomo-Howard County Public Library Fax 765.457.3683 or email khcpl@KHCPL.org
Use one form for each meeting date. Copy form as needed

Today's Date: _____

Group Name: _____

Contact Person: _____ Email: _____

Day Phone: _____ Evening Phone: _____

Day/Date of Meeting: _____ Time: _____ AM/PM - _____ AM/PM

ROOM RESERVED (Confirm with library contact person before filling out this form.)

A (lower level) _____
(max. 30 @ tables both sides, 15 @ tables one sided, OR 50 with chairs only)

B (lower level) _____
(max. 30 @ tables both sides, 15 @ tables one sided, OR 50 with chairs only)

A & B Combined _____
(max. 60 @ tables both sides, 30 @ tables one sided, OR 70 with chairs only)

C (in Children's area) _____
(max. 24 @ tables both sides OR 40 chairs only)

DETAILS FOR SET UP:

How many people: _____ at _____ Chairs Only or _____ Tables and Chairs

If tables and chairs, select:

U shape (chairs on 1 side) _____ Square (chairs on 1 side) _____ Scattered _____
Sideways in rows (chairs on both sides) _____ or Classroom Style (all facing front) _____

Purpose and Location of Extra Tables _____

EQUIPMENT REQUESTED:

Laptop w/DVD _____ (laptop not available on Saturdays) **Projector for Laptop** _____ **Chalk Board** _____

Free Standing Podium _____ **Coffee Pot - 10 cup** _____ **Punch Bowl** _____

Other: _____

Groups are required to abide by the rules governing the use of the library and of the meeting rooms (see Meeting Room information brochure)

My signature below signifies I accept responsibility and agree to pay the library for any damages to the room and/or equipment, which may occur during use of the meeting rooms.

Signature of person taking responsibility for the room.

Library use only:

Reservation approved by: _____

No charge _____ or

Fee Paid: Amount \$ _____ Cash _____ or Check No. _____ Receipt dated _____

Name on check if not organization's _____