

KHCPL SOUTH MEETING ROOM REQUEST FORM

Kokomo-Howard County Public Library Fax 765.453.6677

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

Today's Date: _____

Meeting Date: _____

Group Name: _____

Meeting Time: _____

Contact Person: _____

Email: _____

Day Phone: _____

Evening Phone: _____

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

A/Tulip Room
(15 @ T&C or 25 chairs
only)

C/Cardinal Room
(30 @ T&C or 50 chairs
only)

Group Study
(8 @ T&C)

B/Peony Room
(30 @ T&C or 50 chairs
only)

B/C Peony/Cardinal
(60 @ T&C or 100 chairs
only)

Kitchenette

DETAILS FOR SET UP:

How many people: _____

- Chairs only
- Tables and Chairs

Extra Tables (Please specify purpose and location) _____

If tables and chairs, select:

- U shape (chairs on 1 side)
- Sideways in rows (chairs on both sides)
- Square (chairs on 1 side)

- Scattered
- Classroom style (all facing front)
- Other (If other, please attach a description of your desired set up to this form.)

EQUIPMENT REQUESTED: (available on a first come/first serve basis)

- Laptop w/DVD
- Projector for laptop
- Projector & laptop

- Dry Erase Board
- Free standing podium
- Table top lectern

- Coffee pot – 10 cup
- Coffee pot – 42 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 signified 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: _____ Date Received: _____

No charge (Library or Nonprofit)

Fee Paid: Amount \$ _____ Cash Credit Card Check # _____

Receipt dated: _____

Name on check if not organization's: _____