

## Minerva Public Library Meeting Room Request/Contact Form

Name of organization/group \_\_\_\_\_

Note: Groups planning to use a meeting room regularly throughout the year need only complete this form once, annually. A copy of the form will kept on file at the library. Groups should inform the library of changes in contact information or meeting purpose.

Name of contact \_\_\_\_\_

Address \_\_\_\_\_

Phone number: \_\_\_\_\_ Fax number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_      Date: \_\_\_\_\_ Time: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_      Date: \_\_\_\_\_ Time: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_      Date: \_\_\_\_\_ Time: \_\_\_\_\_

Note: Rooms may be reserved up to six months in advance; no group or individual may have more than six reservations at one time.

Briefly describe your event/meeting

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Estimated number in attendance \_\_\_\_\_

Equipment needs \_\_\_\_\_

I have read the Meeting Room Policy and agree to abide by its provisions.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Director's Acknowledgment

\_\_\_\_\_  
Date

**Minerva Public library ♦ 677 Lynnwood Dr. ♦ Minerva OH 44657-1250  
330-868-4101 ♦ www.minerva.lib.oh.us**