

Room Reservation Form

Contact Name: _____ Phone: _____

Group/Organization Name: _____ Email: _____

Purpose of Use:

- | | | |
|--|------------------------------------|-------------------------------------|
| <input type="checkbox"/> Public information | <input type="checkbox"/> Services | <input type="checkbox"/> Recreation |
| <input type="checkbox"/> Tutoring | <input type="checkbox"/> Education | <input type="checkbox"/> Planning |
| <input type="checkbox"/> Private appointment | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |

Needed Amenities:

- | | | |
|--|--|---------------------------------------|
| <input type="checkbox"/> Digital Projector | <input type="checkbox"/> TV | <input type="checkbox"/> Microwave |
| <input type="checkbox"/> Screen | <input type="checkbox"/> 12-cup coffee maker | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> DVD Player | <input type="checkbox"/> Mini-fridge | _____ |

Room Preference:

- | | | |
|--|---|---|
| <input type="checkbox"/> Rie Lamont Community Room (capacity 20) | <input type="checkbox"/> Program Room (capacity 50) | <input type="checkbox"/> Study Room (capacity 10) |
|--|---|---|

Reservation Details:

- Special use outside of regular library service hours *requires approval from the Director.*

	Reservation Date	Start Time	End Time	Approval Initials
1.				
2.				
3.				
4.				
5.				
6.				

Please read and sign the following declaration:

I have been given a copy of the Room Reservation Policy and as contact person for my group, agree to follow the policy. If there are violations, I understand that we may lose our use of rooms at The Community Library until further notice.

Signature: _____

Date: _____

12/11/2025