

McCowan Memorial Library Meeting Room Reservation

Name of Group _____

Date of Meeting _____

Time of Meeting _____

Contact Person _____

Address _____

Phone: _____

Purpose of Meeting _____

Number of Persons Expected to Attend _____

Do You Plan to meet before 10:00 AM? _____ After 9:00 PM? _____

There are four tables and forty chairs available. Please return the furniture to its original location when the meeting is over.

I have read the policy and am in agreement with the terms:

Signature _____ Date: _____

Staff Signature Taking Request _____ Date: _____

For Staff Use

Community Meeting Room: _____

Maximum Attendance: 40
Available before and after regular hours

Local History Room _____

Maximum Attendance: 25
Available only during Library hours