

**Meeting Room Reservation Request Form  
First Regional Library**

\_\_\_\_\_  
Name of Organization (please do not use abbreviations or initials)

\_\_\_\_\_  
Purpose of Organization

\_\_\_\_\_  
Name of leader, primary contact person/person in charge (\*\*must be 21 yrs of age or older and have a valid First Regional borrower's card)

Address: \_\_\_\_\_

City, \_\_\_\_\_ State, \_\_\_\_\_ Zip Code \_\_\_\_\_

Cell phone/pager info: \_\_\_\_\_

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

Home phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Work phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Name of additional contact person (optional): \_\_\_\_\_

Address: \_\_\_\_\_

City, \_\_\_\_\_ State, \_\_\_\_\_ Zip Code \_\_\_\_\_

Cell phone/pager info: \_\_\_\_\_

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

Home phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Work phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Approximate number of members: \_\_\_\_\_

Estimated attendance of meeting: \_\_\_\_\_

I have read the meeting room policies, regulations and procedures. The organization and I agree to comply with them. We agree to be responsible for the general conduct of and any damages caused by the members and guests of this organization during the time the Library's facilities are used by us.

\_\_\_\_\_  
Signature of Contact Person

\_\_\_\_\_  
Today's Date

Specific Meeting Room Dates Requested:

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

Specific Meeting Times:

From: \_\_\_\_\_ To: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_

**Note: An updated registration form may be requested at any time**