

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: _____

A separate form should be completed for each use requiring a reservation fee.

Reservation Fee? Yes No

Rate: \$25 up to three hours; \$10 for each additional hour.

Collected \$ _____ Receipt Number _____ Staff Initials _____

Date of Event _____ Time of Event _____

Which Room Reserved? _____

Note: The fee may be refunded if the meeting is cancelled at least 72 hours in advance.

I agreed to abide by the provisions of the Meeting Room Policy and Meeting Room Guidelines. I understand that I am responsible for the conduct of the group or organization and am responsible for any damage to library property.

Signature

Date

Director's Acknowledgment

Date

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