



CENTRAL LIBRARY RESERVATION REQUEST FORM

Responsible Person**: _____ Organization: _____

Phone: Day () _____ Evening () _____ Other () _____

Address of Responsible Person: _____

_____ City

_____ State

_____ Zip Code

PLEASE FILL OUT ALL THE INFORMATION BELOW

Date Requested: _____

Event Description: _____ Number of People Expected: _____

Is this a recurring event? Yes No If yes, please explain: _____

SET UP TIME	RENTAL TIME	CLEAN & OUT BY	TOTAL HOURS
:		:	

Will you be serving refreshments? Yes No *Alcohol served/sold (Permit required)? Yes No

*Will you be having music for your event? Yes No *Audio/Video Recording? Yes No

*Is admission based on fee or donation and/or restricted? Yes No

*Will event attract media attention? Media presence? Yes No

Do you have insurance (Proof required)? Yes No

*Explanation: _____

REQUESTED EQUIPMENT & SERVICES			
<input type="checkbox"/> Lectern	<input type="checkbox"/> Kitchen	<input type="checkbox"/> Easel/Whiteboard	<input type="checkbox"/> Computer Interface
<input type="checkbox"/> Microphone	<input type="checkbox"/> LCD Projector	<input type="checkbox"/> Piano	<input type="checkbox"/> Audio/Video Player _____

THIS IS A RESERVATION REQUEST AND DOES NOT GUARANTEE OR CONFIRM ANY RESERVATION.

FOR OFFICE USE ONLY

SITE NAME: _____ DATE RECEIVED: _____ STAFF: _____

ACTION TAKEN: _____

** The Responsible Person indicated on the Facility Permit Application must be at least 18 years of age. In addition, they must attend the event from beginning to end.