

HENDERSON COUNTY PUBLIC LIBRARY DISTRICT
101 SOUTH MAIN STREET
HENDERSON, KENTUCKY 42420-3599
(270) 826-3712 (tel)
(270) 827-4226 (fax)

MEETING ROOM RESERVATION FORM

Name of organization: _____

Address of organization: _____

Name of individual requesting meeting room: _____

Phone (day): _____ Phone (cell): _____

Email Address: _____

Alternate contact person: _____ Phone (day): _____

Is your organization **for-profit** or **not-for-profit**? (circle one)

Meeting date(s): _____ Estimated attendance: _____

Time meeting(s) will begin _____ and end _____

Topic or purpose: _____

Which room is requested? (circle one) **Multi-purpose room** **Upstairs Meeting Room**

Is kitchen needed? _____ Equipment needs: (screen, easel, etc.) _____

I have read the Meeting Room Policy of the Henderson County Public Library. I understand the Meeting Room Policy and its implications. I accept the responsibilities stated in the Meeting Room Policy and will carry them out.

Applicant signature: _____ Date: _____

Employee taking application: _____ Date: _____

Approved by: _____ Date: _____

A meeting room is not considered to be scheduled until this reservation form has been formally approved by the Library Director (or designee).