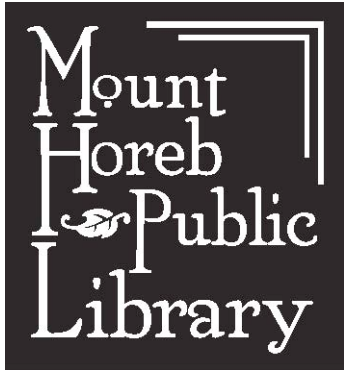


Quiet Room Reservation Request Form



105 Perimeter Road • Mount Horeb, WI 53572 • (608) 43

5021

Meeting Date: _____

Number of persons (estimate): _____

Meeting Time (include setup & cleanup): Begins _____ Ends _____

Wish to use: Quiet Room only _____ Quiet Room & Kitchenette _____

Refreshments may be served with prior approval of the Director. Describe refreshments (if any): _____

Your Information	Your Organization
Applicant: _____	Name of Organization: _____
Daytime telephone: _____	In what community is your organization based? _____
Evening telephone: _____	_____
Fax number: _____	Purpose of Meeting: _____
Email address: _____	_____
Applicant's postal mail address: _____	Organization's postal mail address: _____
_____	_____
Do we have permission to give your name and phone number to the public? Yes No	Organization's telephone: _____
I have read and agree to be bound by the Mount Horeb Public Library Quiet Room Policy. We will leave the room clean and arranged as posted.	Non-profit tax ID #: _____

I understand that while using the Quiet Room and/or Kitchenette, no admission may be charged, and no products or service may be advertised, solicited or sold.

If the key is lost, I understand I will be charged for all costs associated with rekeying the Quiet Room & Foyer.

I will notify the Library 24-hours before cancellation.

I understand that failure to comply with the Library's policies may result in the loss of use of the meeting room.

I understand that this request becomes a reservation only after the Library has confirmed it.

Signature of applicant and person responsible _____

STAFF USE ONLY Key # _____ Date Checked Out _____ Date Returned _____ State of Room _____
Comments: _____

Payment (amount/type) _____ Date _____

Additional Fees/Charges _____ Payment (amount/type) _____ Date _____

Special set up? _____ Janitor notified? _____

Approved by _____ Date _____