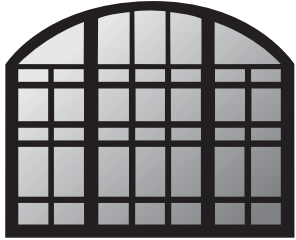


Meeting Room Reservation Request Form



**Mount Horeb
Public Library**

105 Perimeter Road • Mount Horeb, WI 53572 • (608) 437-5021

Meeting Date: _____

Number of persons (estimate): _____

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

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

Refreshments may be served with prior approval of the Librarian on duty.

Describe refreshments (if any): _____

Your Information

Applicant: _____

Daytime telephone: _____

Evening telephone: _____

Fax number: _____

Email address: _____

Applicant's postal mail address:

Do we have permission to give your name and phone number to the public?

 Yes No

Your Organization

Name of Organization: _____

In what community is your organization based?

Purpose of Meeting: _____

Organization's postal mail address:

Organization's telephone: _____

Non-profit tax ID #: _____

- I have read and agree to be bound by the Mount Horeb Public Library Meeting Room Policy.
- We will leave the room clean and arranged as posted.
- I understand that while using the Meeting 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 Meeting 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 _____