## Meeting Room Reservation Request Form 105 Perimeter Road • Mount Horeb, WI 53572 • (608) 437-5021

	Reg
	Me
	Nur
Mount Hortb	Me
PUBLIC LIBRARY	Wis

## quest Forms must be completed for each reservation!

Meeting Date:	
Number of persons (	estimate):
MOUNT HOREB Meeting Time (inclu	de setup & cleanup): Begins Ends
UBLIC LIBRARY Wish to use: Meeting Room only Meeting Room & Kitchenette	
Refreshments may be served with prior app	roval of the Librarian on duty.
Describe refreshments (if any):	•
Your Information	Your Organization
Applicant: Daytime telephone:	
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 contact information to the public if someone inquir	_
about your event?	
Yes No	
	·
I have read and agree to be bound by the Mount	: Horeb Public Library Meeting Room Policy.
I will leave the room clean and arranged as I fou	nd it.
I understand that while using the Meeting Roor products or service may be advertised, solicited	n and/or Kitchenette, no admission may be charged, and no or sold.
I understand that reserving the Meeting Room of endorsed event.	does not mean my event is a library sponsored event and/or
I understand that I must publish the following of library sponsored event."	lisclaimer text in all marketing materials: "This program is not a
	for all costs associated with rekeying the Meeting Room & Foyer.
I will notify the Library 24 hours before cancella	
, , ,	rary's policies may result in the loss of use of the meeting room.
I understand that this request becomes a reserva	
Signature of responsible party	
J	