CROOK COUNTY LIBRARY

541/447-7978 FAX 541/447-1308
175 NW MEADOW LAKES DR. PRINEVILLE, OR 97754

INITIAL DATE FORM COMPLETED:
_____
☐ Phone Reservation
Staff Initials: _____
Date Reservation ***Confirmed***: _____
Staff Initials: _____

MEETING ROOM RESERVATION FORM

Form must be signed within 5 business days or reservation will be cancelled. No reminders will be made.

Name of Group _____ Expected Attendance _____

Nature of meeting _____

Address of organization_____

Room Requested: ____**Broughton Room** (120 people) ____**Juniper Room** (15 people)

Meeting Date: _____ Time of Event: _____

_____ Time Reservation Begins (including Setup) _____ Time Reservation Ends (including Cleanup)

Please Initial Items Below:

_____ I have read and will comply with the Crook County Library's Meeting Room Policy
_____ I affirm that no attendance fee will be charged and the event is not being held for business purposes
_____ We will leave the room clean and complete the closing checklist
_____ We will return the meeting room key as instructed
_____ I will contact the library to give 24 hours notice of cancellation of my reservation
_____ I agree to pay for damages or cleaning fees as specified in the policy

Signature of applicant and responsible person: _____

Printed Name _____ Home Phone _____

Address _____ Work Phone _____

_____ Email _____

Contact person for this reservation - Name _____ Phone Number _____

Do you plan to serve refreshments, or use the Broughton Room kitchenette? ❑ YES ❑ NO

Is Audio Visual equipment needed? ❑ YES ❑ NO Check the items required for use:

____ Microphones ____ Overhead projector ____ Television ____ DVD player
____ VCR ____ Projection screen ____ Laser pointer ____ Slide projector
____ InFocus projector

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1 copy for patron, 1 copy for file

12.7.12 upd cdw