

INITIAL DATE FORM COMPLETED: _____ <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> In Person Staff Initials: _____ Date Reservation Confirmed: _____ Staff Initials: _____

Crook County Library

Meeting Room Reservation Form

175 NW MEADOW LAKES DRIVE, PRINEVILLE, OR 97754
PHONE: 541-447-7978
FAX: 541-447-1308
EMAIL: library@crooklib.org

Form must be completed and signed within 6 business days or reservation will be cancelled.

Name of Group/Person: _____ Expected Attendance: _____

Purpose of meeting: _____

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

Meeting Date: _____ Time: _____

Please Initial Items Below:

- _____ I have read and will comply with 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
- _____ I will leave the room and furnishings clean and return tables and chairs to storage
- _____ I will return the meeting room key immediately after the event is over
- _____ 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

X

Signature of applicant

Printed Name: _____ Primary Phone: _____

Mailing Address: _____ Secondary Phone: _____

Email: _____

Will you serve refreshments or use the Broughton Room kitchenette? YES NO

Is Audio Visual equipment needed? (Broughton Room only) YES NO

1 copy for patron, 1 copy for file