



# CENTRAL LIBRARY RESERVATION REQUEST FORM

Responsible Person\*\*: \_\_\_\_\_ Organization: \_\_\_\_\_

Phone: Day ( ) \_\_\_\_\_ Evening ( ) \_\_\_\_\_ Other ( ) \_\_\_\_\_

Address of Responsible Person: \_\_\_\_\_

City

State

Zip Code

## PLEASE FILL OUT ALL THE INFORMATION BELOW

Date Requested: \_\_\_\_\_

Event Description: \_\_\_\_\_ Number of People Expected: \_\_\_\_\_

Is this a recurring event? Yes  No  If yes, please explain: \_\_\_\_\_

SET UP TIME	RENTAL TIME	CLEAN & OUT BY	TOTAL HOURS
:		:	

Will you be serving refreshments? Yes  No  \*Alcohol served/sold (Permit required)? Yes  No

\*Will you be having music for your event? Yes  No  \*Audio/Video Recording? Yes  No

\*Is admission based on fee or donation and/or restricted? Yes  No

\*Will event attract media attention? Media presence? Yes  No

Do you have insurance (Proof required)? Yes  No

\*Explanation: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

REQUESTED EQUIPMENT & SERVICES			
<input type="checkbox"/> Lectern	<input type="checkbox"/> Kitchen	<input type="checkbox"/> Easel/Whiteboard	<input type="checkbox"/> Computer Interface
<input type="checkbox"/> Microphone	<input type="checkbox"/> LCD Projector	<input type="checkbox"/> Piano	<input type="checkbox"/> Audio/Video Player _____

**THIS IS A RESERVATION REQUEST AND DOES NOT GUARANTEE OR CONFIRM ANY RESERVATION.**

### FOR OFFICE USE ONLY

SITE NAME: \_\_\_\_\_ DATE RECEIVED: \_\_\_\_\_ STAFF: \_\_\_\_\_

ACTION TAKEN: \_\_\_\_\_

\_\_\_\_\_

\*\* The Responsible Person indicated on the Facility Permit Application must be at least 18 years of age. In addition, they must attend the event from beginning to end.