Today's Date: ____/_____/_____

Time: _____ AM / PM

Meeting Room Request Form

☐ Physical Room ☐ Virtual Room ☐ Both

Group Name: _____

Contact Person: _____

- Address: _____
- Phone Number_____
- Email: _____
- Library Card Number: _____
- Account in good standing: yes / no
- If a virtual meeting, would you like the meeting to be recorded? yes / no

Date of Meeting: ____/_____/_____

Time of Meeting: _____ AM / PM through _____ AM / PM

----------*Below is for library use only*----------

Signed Meeting Room Policy: yes / no

Approved by Director: yes / no _____

Director Signature Date

☐ Contacted with approval/denial? _____

Initials Date

☐ Added to calendar and/or schedule? _____

Initials Date