

Today's Date: \_\_\_/\_\_\_/\_\_\_\_\_

Time: \_\_\_\_\_ AM / PM

## Meeting Room Request Form

Physical Room

Virtual Room

Both

AGE DESIGNATION REQUIRED BY 15 CSR 30-200.15\*: All ages \_\_\_\_\_ Age 18+ \_\_\_\_\_ Other \_\_\_\_\_  
(please circle)

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

\*An age recommendation is required by the 15 CSR 30-200.015. Failure to advertise the age recommendation could result in the group being prohibited from using the space in the future.

-----*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