

PLEASE PRINT ALL INFORMATION CLEARLY Today's Date _____

**MEETING ROOM RESERVATION FORM
WEST CHESTER PUBLIC LIBRARY**

NOTE: UNTIL THIS FORM HAS BEEN RETURNED TO THE LIBRARY AND HAS BEEN SIGNED BY THE DIRECTOR OR DIRECTOR'S DESIGNEE YOUR ROOM RESERVATION IS NOT CONFIRMED. THE LIBRARY BOARD OF TRUSTEES WILL BE THE FINAL AUTHORITY IN GRANTING OR REFUSING PERMISSION TO USE MEETING ROOMS.

Organization's Name: _____

Profit _____ **Nonprofit** _____

Purpose of Meeting: _____

Day and Date of Meeting: _____

Time of Meeting: Start _____ **Finish** _____ *(Please allow for set up and clean up.)*
(Please end meeting/program 15 minutes prior to library closing.)

Anticipated Attendance: _____

Person responsible for meeting room: _____

Address: _____

Telephone: _____ **Email:** _____

CANCELLATION FEE (WITHOUT 24 HOURS NOTICE) \$25

The undersigned agrees on behalf of the above-named organization to be responsible for any damage sustained to library property while being used by the organization, to all rules and regulations as set forth in the West Chester Public Library's Meeting Room Policy, and to return the room to the original arrangement.

Signature of person accepting responsibility for the meeting room

Reservation Confirmed by: _____

Total fees to be charged: _____ **Prepayment required.**

Disapproved*: _____ ***If use of room is not approved an explanation will be provided**

February 2006 (Approved 12-21-09)

