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)