

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)