

## Community Room Reservation Form

Phillipsburg Free Public Library

200 Frost Avenue

Phillipsburg, NJ 08865

www.pburglib.org

Phone: 908-454-3712

Fax: 908-859-4667

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1. Read the attached *Meeting Room Policy*.
2. Complete this form.
3. Questions? Concerns? Please note them on this form. We will respond.

Name of Organization: \_\_\_\_\_

Date(s) of your meeting: \_\_\_\_\_

*Note: The Community Room can be reserved no more than three months in advance*

Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

Total number of persons expected to attend (including speakers): \_\_\_\_\_

Purpose of meeting: \_\_\_\_\_

Do you need any equipment? \_\_\_\_\_

Contact information for the person making this reservation:

Name \_\_\_\_\_ Day Phone \_\_\_\_\_

Address \_\_\_\_\_ Evening Phone \_\_\_\_\_

\_\_\_\_\_ Email \_\_\_\_\_

Contact information for a responsible member of the group who **will be present at the meeting**:

Name \_\_\_\_\_ Day Phone \_\_\_\_\_

Address \_\_\_\_\_ Evening Phone \_\_\_\_\_

\_\_\_\_\_ Email \_\_\_\_\_

Certification: Please check the box next to each statement below, then sign.

I have read and will abide by the Phillipsburg Library Community Room Policy

I understand that the reservation is not final without written approval of the Library Director.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

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**Library Use Only Below This Line**

**Approved**

\_\_\_\_\_ Date: \_\_\_\_\_  
Library Director

9/2009