

Community Room Reservation Form

Phillipsburg Free Public Library
200 Broubalow Way
Phillipsburg, NJ 08865
www.pburglib.org

Phone: 908-454-3712

Fax: 908-859-4667

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: _____

Library Use Only Below This Line

Approved

_____ Date: _____
Library Director