## **ROOM REQUEST FORM -- TOWNSEND PUBLIC LIBRARY**

## **Return to Library Staff Person**

Office Use Only:
Received by
Date
Time

This form is intended for room use during regular library hours only. Rooms may be used only upon the approval of an authorized Townsend Public Library staff member. Not all rooms in the main library facility are available for public use.

## No private parties will be authorized. A separate form must be submitted for each date of use.

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY	
Avail. Hours	No hours	10:30a-8:30p	10:30a-8:30p	10:30a-8:30p	10:30a-4:30p	No hours	No hours	
Write requested hours in this section →	X					X	X	
DATE OF EVENT								
Name of indi	vidual respo	onsible for requ	iest:					
Contact - Pho	one:		Email	:				
Name of orga	anization (if	annlicable).						
Number of pe	eople attend	ling (approxima	ate if needed):					
Purpose of m	eeting:							
☐ Meeting H  OTHER REQU  No Kitchen use pe	<u>ESTS</u>					rustee Conferen		
□ Tables #_		_ □ Chair	rs #	You are r	responsible for	set-up and clear	n-up	
A/V EQUIPM	<u>ENT</u>							
Use of any A/V ed Technical assist				ere.				
<ul><li>□ Projector</li><li>□ Screen On</li></ul>	ly 🗆	DVD/Blu-ray Mic/Audio	y Player Will you be using a laptop?   Mac/Apple*   Windows/  *You must have a VGA adaptor dongle to connect a Mac to the project.					
• Library is not re	•							
 Library Staff			next to all steps t					
Approve	d A	Applicant notified Entered into EventKeeper – date						
Denied	Δn	nlicant notified	– date					

\_\_\_\_ A/V use approved – name of staff person who will oversee \_\_\_\_\_

Name of room reserved: