



# KHCPL RUSSIAVILLE Meeting Room Request Form

\*\*\* Please use one form for each meeting date. Copy form as needed \*\*\*

Date Form Completed: \_\_\_\_\_

Group Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Day Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Evening Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Street Address: \_\_\_\_\_

City and State: \_\_\_\_\_ Zip: \_\_\_\_\_

Request for: Date: \_\_\_\_\_ Time: \_\_\_\_\_  a.m.  p.m.

### MEETING ROOM SETUP AND EQUIPMENT: Please check appropriate selections

Chairs only for \_\_\_\_\_ people

OR

Tables and chairs for \_\_\_\_\_ people

Table/Chair Set-up:

\_\_\_\_\_ Tables in rows with chairs facing front

OR

\_\_\_\_\_ Tables sideways with chairs on both sides

OR

\_\_\_\_\_ Tables in U shape (for 20 people or less) with chairs on the outside

OR

\_\_\_\_\_ Tables in square (for 20 people or less) with chairs on the outside

Audio-Visual Equipment Requested:

TV monitor/VCR/DVD Player

Projection screen

Other: \_\_\_\_\_

Other Equipment Requested:

Coffee pot

Other: \_\_\_\_\_

*Groups are required to abide by the rules governing the use of the library and of the meeting rooms. I accept responsibility and agree to pay the library for any damages to the room and/or equipment which may occur during my use.*

Signature of Contact Person \_\_\_\_\_

#### LIBRARY USE ONLY:

Reservation Approved By: \_\_\_\_\_

No Charge OR  Fee Paid: Amount \$ \_\_\_\_\_  Cash OR  Check # \_\_\_\_\_

Name on check if not organization's: \_\_\_\_\_

Receipt Dated: \_\_\_\_\_