

Meeting Room Reservation Request

Clarion Public Library ▪ 302 North Main ▪ Clarion, IA ▪ 50525 ▪ 515-532-3673

Date needed: _____ Time needed: _____

Name of Contact person: _____

Organization/Group: _____

Address: _____

Phone: _____ Cell phone: _____

Email: _____

Purpose of meeting: (Give a brief description)

Approximate number of people who will attend: _____

Room requesting: **Large Room** **Small Room** (circle one)
(private) (available outside library hours)

Equipment requested: **AV cart** **TV/DVD player** **Overhead projector** (circle one)

Make sure equipment works for you before your meeting.

I, the undersigned, have read the Clarion Public Library meeting room procedures. I accept the responsibility for the room, the entryway during closed hours, the condition of library facility, equipment, and furniture used, and for leaving the room clean and returning the room to its standard arrangement, if these conditions are not met, I understand that I will forfeit my deposit and may be billed an additional amount for damage or clean up.

Signature: _____ Date: _____

Staff Use:

Room rental fee: _____ Deposit: _____ Date paid: _____ Check #: _____

501 c 3 form: _____ Employee Assisting: _____

Deposit check: **Pick up** or **Destroyed** (circle one)

Pick up Signature: _____

Name: _____
Date Requested: _____