

# McCowan Memorial Library Meeting Room Reservation

Name of Group \_\_\_\_\_

Date of Meeting \_\_\_\_\_

Time of Meeting \_\_\_\_\_

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

Address \_\_\_\_\_

Phone: \_\_\_\_\_

Purpose of Meeting \_\_\_\_\_

Number of Persons Expected to Attend \_\_\_\_\_

Do You Plan to meet before 10:00 AM? \_\_\_\_\_ After 9:00 PM? \_\_\_\_\_

There are four tables and forty chairs available. Please return the furniture to its original location when the meeting is over.

**I have read the policy and am in agreement with the terms:**

Signature \_\_\_\_\_ Date: \_\_\_\_\_

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Staff Signature Taking Request \_\_\_\_\_ Date: \_\_\_\_\_

## For Staff Use

**Community Meeting Room:** \_\_\_\_\_

Maximum Attendance: 40  
Available before and after regular hours

**Local History Room** \_\_\_\_\_

Maximum Attendance: 25  
Available only during Library hours