

Meeting Room Reservation Request

White Lake Community Library
3900 White Lake Drive
Whitehall, MI 49461
(231) 894-9531
(231) 893-8821 (fax)

Date of Meeting: _____ Time from: _____ to: _____

Room Requested: _____ Meeting Room (holds 82) _____ Legacy Room (holds 15)

Name of Organization: _____

Contact Name: _____ Phone: _____

Email Address: _____

Mailing Address: _____

Nature/Purpose of Meeting: _____

Expected Attendance: _____

Desired set-up: ___ Classroom Style ___ Theater Style ___ Other (attach details)

Please check items needed:

Podium _____ Microphone _____ Ceiling-mounted Projector (Meeting Room only) _____

Transparency Projector (\$10 fee) _____ Tabletop Projector (\$10 fee) _____

I understand that my organization is financially responsible for any damage we may cause to the room, furnishings and/or equipment during our rental period. I also understand that my organization is responsible to clean up according to the Meeting Room checklist.

I hereby apply for use of the library's meeting room and agree to abide by the policy. The library director must receive any notice of cancellation at least 24 hours prior to the meeting or the organization will be charged a \$25.00 cancellation fee.

I understand that I am expected to complete an attendance record, and to complete all items on the Meeting Room Use checklist, before leaving the building.

Date

Signature