

Meeting Room Reservation Form

Sherburne Memorial Library

Please call 802-422-9765 to assure the room is available on the date that you are requesting before submitting this form. Only organizations that have turned in a reservation form will be added to the calendar. No group shall be “penciled in” until a form has been received. Please print all information below, sign, initial where appropriate and return to Sherburne Memorial Library, 2998 River Road, Killington, VT 05751

Name of Organization _____

Title of Program _____

Date requested _____

Expected Attendance _____

Earliest time the room will be occupied _____

Time when the room will be returned to its original state _____

Please be specific when scheduling time for a room. If you state that you will need the space from 8:30-11, we fully expect that no one will be here before 8:30 and the room will be completely empty at 11 and ready for another group to use. There are absolutely no exceptions. Violation of this policy will terminate your meeting room privileges.

If you need to use the library multimedia devices, please schedule an appointment to be shown proper use. Otherwise, the media equipment will be unavailable for your meeting.

Name of person in charge of media use _____

Contact information for this person _____

Groups are responsible for set up and breakdown of their equipment along with any chairs or tables used. The library staff will assist with set up of library AV equipment.

I, the undersigned, have read the policy and regulations governing the meeting room and accept the responsibilities therein.

Applicant's Signature _____ **Date** _____

Applicant's Contact Information _____

I will make sure attendants are limited to the meeting room, adjoining story time room, kitchen and hallway and will instruct them not to attempt to enter the main library, thus setting off the alarm system.

Applicant's Initials _____ **Date** _____

Staff Use Only **Date of Program** _____ **Booked by** _____