

Hubbard Memorial Library Meeting Room Reservation Form

Please familiarize yourself with our Meeting Room Policy to make sure your meeting qualifies to be held in the library before filling out this form.

Reservation Information

Organization or Individual Name _____

If under 18, parent's name and phone number _____

Mailing Address _____

City, State, Zip Code _____

Contact Person _____

Business Phone _____ Cell _____

Email _____

Program Information

Purpose _____

Date Requested _____

Room Requested _____

Time Requested _____

Estimated Attendance _____

I acknowledge that I have read and agree to the conditions of the Hubbard Memorial Library Meeting Room Policy including the Indemnification and Insurance clause.

Signature _____ Date _____

FOR LIBRARY USE ONLY

Date application received: _____ Date Application Confirmed: _____

Confirmation made via: _____ In Person _____ Phone _____ Email _____

Staff Signature _____

Comments: _____