

Mary Wood Weldon Memorial Library

Meeting Room Request Form

Name of the organization: _____

Date/Time needed: _____

Library Card: _____

Briefly describe the purpose of your meeting: _____

Room set-up Instructions: _____

Equipment needed: _____

Contact Information:

Name: _____

Phone: _____

Email: _____

My signature signifies that I have read the Meeting Room Policy and agree to the stated terms.

Signature: _____

Date: _____