

Meeting Room Reservation Request Form
Madison County Library System

Branch Name: _____

Date Submitted: _____

Name of Organization (Please do not abbreviate or use initials): _____

Primary contact person(s) (please print): _____

Address of Contact Person(s): _____

City, State, Zip Code: _____

Home Phone: _____ Work Phone: _____

Purpose of Meeting: _____

Approximate Number of Members: _____

Estimated Attendance of Meeting: _____

Specific Meeting Dates Requested:

Specific Meeting Times:

_____ From: _____ To: _____

_____ From: _____ To: _____

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_____ From: _____ To: _____

The undersigned certifies that he or she is a resident of Madison County, has a current Madison County Library Card, is a member of the organization or group and will personally be present during the entire meeting to be held at the library meeting room. The undersigned also understands the above regulations and agrees to abide by them.

_____ (Signature of Primary Contact Person(s)) _____ (Date of Application)

_____ (Signature of Library Representative) _____ (Date of Application)

Reason for denial of application: _____

Date of denial: _____

Date of Payment _____ Fee Paid: _____

Fee received by: _____

CASH OR CHECK ONLY. Make checks payable to: The Madison County Library System