BAXTER MEMORIAL LIBRARY
MEETING ROOM USER FORM

Please Type or Print Clearly and Fill in Form Completely.

NAME OF GROUP: _____

NAME OF CONTACT PERSON: _____

ADDRESS: _____

PRIMARY TELEPHONE NUMBER (day): _____

ALTERNATE TELEPHONE NUMBER (work/home/cell): _____

E-MAIL ADDRESS: _____
(Whenever possible, we will confirm meeting room reservations via e-mail.)

IMPORTANT NOTE: Current information must be on file at the library at all times. If the information on this form changes a new form must be placed on file at the library. As long as the information is current, there is no need to fill out a form each time you request use of a meeting room.

I have read and understand the Baxter Memorial Library Meeting Room Policy. I agree to the terms outlined in the policy and will insure that my group follows the policy.

_____
Signature of Contact Person

_____
Date

FOR OFFICE USE ONLY

Form: June 2003.