

Meeting Room Request Form

Today' Date: _____

Organization's name _____ Org.'s Phone _____

Address _____ City _____ State _____ Zip _____

Contact Person _____ Contact's Phone _____

Purpose of meeting _____

Date Requested (MM/DD/YY): _____ Start Time _____ AM PM Finish _____ AM PM

Size of group _____

Seating requested:

- Chairs / Qty. _____
- Tables (6 ft.) / Qty. _____

Equipment requested:

- TV & DVD Player
- Dry Erase Easel
- Screen & Projector (DVD / USB)
- Kitchenette

Is there a fee charged for those attending your program / meeting?

- No Yes If yes, explain: _____

Will refreshments (snacks / drink) be served?

- No Yes If yes, summarize type: _____

* Please provide your own plates, servers, utensils, etc.

On behalf of the organization listed above, I have read, understand, and agree to comply with the Meeting Room Policy and Regulations of the Juneau Public Library, including all liability and damage clauses. Application must be signed prior to the event in front of a JPL staff member.

Printed Name _____

Signature _____ Date _____

JPL USE ONLY

- Approved
- Not approved
- Group notified
- Notes: _____
- Date rec'd: _____
- By (staff): _____
- Confirmed