



LOUISVILLE PUBLIC LIBRARY

700 Lincoln Avenue
Louisville OH 44641

Phone: 330.875.1696
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Meeting Room Reservation Form

Reserving Organization: _____ Today's date: _____

Meeting Date(s): _____

Expected Attendance: _____ (not to exceed 28 persons)

Meeting Time: Begins _____ Ends _____ (Includes set-up & clean-up)

Your name: _____ Your phone number: _____

Your address: _____

Please read and initial each item:

_____ I have read and will comply with Louisville Public Library Meeting Room Policy and Guidelines on the reverse of this form.

_____ I realize that we are responsible for our own set-up and I affirm that we will leave the room clean and in good order.

_____ I understand that while using the meeting rooms, no admission may be charged, and no products or services may be advertised, solicited, or sold.

_____ I will notify the library 72 hours in advance if we need to cancel, when possible.

_____ I understand that failure to comply with the library's procedures may result in the loss of the use of my meeting room privileges.

Equipment Requested: (If Available)

TV _____ VCR _____ Overhead _____ Podium _____ Microphone _____

Your signature: _____

Staff signature: _____

Final Attendance: _____