



Meeting Room Reservation Form

Organization Name _____

MEETING ROOM _____ **SMALL CONFERENCE ROOM (where available)** _____
(Big Island meeting room open after hours, only at the discretion of the Branch Librarian)

Request date _____ **Meeting date** _____ **Meeting time** _____ - _____

Estimated attendance _____ **Kitchen needed** Y _____ N _____

LCD projector needed (Library DOES NOT provide laptop) Y _____ N _____ **DVD player** Y _____ N _____
Please check 7 days before meeting to make sure equipment is still available.

If the library is closed at the time the meeting is scheduled, you must arrange to pick up the key during normal business hours, (the day of, or the day before the meeting).
If the library is closed when you leave, lock the outer door, test to make sure it is locked. Leave the key where you were told when you signed it out.

I, the undersigned, agree on behalf of the above named organization, to be responsible for following all of the Bedford Public Library System Meeting Room Policy procedures and guidelines and the Library Standards of Conduct.

Printed name of person applying _____

Signature of person applying _____

Date _____ **Telephone day** _____ **Telephone night** _____

Staff member taking reservation _____ Approved _____ Not approved _____
(Please provide explanation if not approved) *

Adopted 5-21-96; revised 12-8-98, 2-8-00* Bedford procedures revised 3-13-07*; Updated 5-27-09