



Meeting Room Reservation Form

Bedford Central Library

Organization name _____

BEDFORD ROOM _____ **CONFERENCE ROOM 1** _____

Request date _____ Meeting date _____ Meeting time _____ - _____

Estimated attendance _____ Kitchen needed (only with Bedford Room) 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, (usually 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 and leave the key on the kitchen "window" counter.

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. (Please bring form in to the library, or fax to 540-586-7280)

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) *