

\*Section 2-4.4 Form for Processing Request for Meeting Room Usage\*

BEDFORD PUBLIC LIBRARY SYSTEM  
Meeting Room Reservation Form

Library Name \_\_\_\_\_

Room Requested \_\_\_\_\_BEDFORD ROOM / TRAINING ROOM\_\_\_\_\_

Date of Request \_\_\_\_\_

Organization \_\_\_\_\_

Date of Meeting \_\_\_\_\_ Time of Meeting \_\_\_\_\_

Estimated Attendance \_\_\_\_\_ Kitchen Needed?\_\_\_\_\_(available with Bedford Room ONLY)

Equipment Needed \_\_\_\_\_ LCD Projector \_\_\_\_\_ DVD Player

**\*Library DOES NOT provide\* \*laptop.\*** Please check 7 days before meeting to make sure equipment is still available and in working order.

If a meeting is scheduled during a time when the library is closed, please arrange to pick up a key during normal business hours.

I, the undersigned, agree on behalf of the above named organization to be responsible for any damage sustained to library property while being used by the organization, and agree to all conditions as set forth in the Bedford Public Library System Meeting Room Policy and in the "Standards of Conduct." (see Policy)

I agree to allow the Library to provide my name and phone number, or that of a contact person, to persons having questions relating to the meeting.

I understand that room setup will be my responsibility or that of someone in the organization requesting use of the room.

I will insure proper clean up and room rearrangement before vacating the room.

This includes vacuuming, kitchen and refrigerator clean up.

Signature of person applying \_\_\_\_\_

Date \_\_\_\_\_ Telephone Day \_\_\_\_\_ Telephone Night\_\_\_\_\_

Staff member taking reservation \_\_\_\_\_

Approved \_\_\_\_\_ Not approved \_\_\_\_\_  
(Please provide explanation if not approved) \*