

Today's Date _____

Galesburg Public Library Meeting Room Reservation Form

____ **Sanderson Room** (Capacity: 125 chairs, 15 tables & 60 chairs; floor space for children 225)

Day and date of meeting: _____

Name of organization: _____

Mailing address of organization: _____

Name and short description of meeting/program: _____

Number expected to attend: _____ Will your event be advertised to the public? _____
If yes, please provide us with a flyer or press release.

Start time of program: _____ **End time:** _____ (room must be vacated at least 15
minutes before library closing time)

Time room is needed for set up: _____

Equipment needs: (No furniture set-up provided. Limited equipment assistance provided.)

_____ Projector and DVD/VCR player **OR** _____ Laptop computers (up to 10)

_____ Projector and laptop **OR** _____ Microphone

_____ Projector and own equipment _____ CD/tape player

Person reserving room: (print) _____

Contact person phone: _____ E-mail: _____

Please check in with a library staff member when you arrive and when you leave.

I have read the meeting room use policy and our organization will adhere to the rules stated.

Group Representative