

Galesburg Public Library
Telephone: (309) 343-6118 Fax: (309) 343-4877
Meeting Room Reservation Form

Today's Date: _____

Please check meeting room desired:

____ Sanderson Room Capacity: 125 chairs; 15 tables and 60 chairs; floor capacity for children 225

____ Eila Hiler A.V. Room Capacity: 40 chairs; 6 tables

Day & Date of Meeting: _____

Name of Organization: _____

Mailing Address of Organization: _____

Email address of contact person: _____

Topic of Program/Meeting: _____

Number expected to attend: _____

Start Time: _____ End Time: _____

Equipment: _____ Tables _____ Overhead projector
 _____ VCR _____ CD/Tape player
 _____ Carousel Slide Projector _____ Podium
 _____ Blackboard _____ Projected Screen

Person requesting room (Print): _____

Home Telephone: _____ Work Telephone: _____

Please check in with a circulation staff member when you arrive, as well as when you vacate the room.
For statistical purposes, please report the number in attendance at the meeting at the conclusion of the meeting.

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

Group Representative

For Staff Use Only:

Date Rec'd _____ Rec'd By _____ Approved Y _____ N _____

Recorded Attendance: _____

Revised & Adopted 9-4-03
Galesburg Public Library
Board of Trustees