

Lithgow Library Meeting Room Reservation Form

Date Requested: _____

The Community Meeting room may be reserved no more than 3 months in advance of the meeting date. A reservation is only complete once a library staff member confirms the reservation and payment has been made. The library accepts payment by check only.

Number of people expected: _____

Name of Organization: _____

Representative: _____

Address: _____

Phone Number: _____ E-mail Address: _____

Brief Description of the event: _____

Start Time (include set-up time): _____ End Time (include clean-up): _____

The Community meeting Room is equipped with a 75" Samsung Smart TV and 1 additional Bluetooth speaker. The library also has a projector and screen for use instead, upon request here: _____

I have read the Lithgow Public Library Meeting Room Policy and assume responsibility for compliance with the rules.

Signature: _____ Date: _____

Application will be accepted in person, by mail or via attachment to saraho@lithgow.lib.me.us
Please contact Sarah Schultz-Nielsen @ 626-2415 or saraho@lithgow.lib.me.us with questions.

STAFF USE ONLY		
Application Approved:	Date:	
Room Use Charge:	Payment Received:	Cash/Check: