



Request for Meeting Room Reservation Visalia Branch Library

Group Name: _____

Contact/Responsible Party: _____

Contact Phone or Email: _____

Event Name: _____

Event Description: _____

Event Date: _____

Event Time: _____

Do you need time for set up before the event? (30 minutes) No Yes

Do you need time for clean up after the event (30 minutes) No Yes

Room Preference: _____

Expected Attendance: _____

A/V Equipment Requested:

Television

DVD player

Projector

Projector screen

By signing this Request for Use, I agree that my event meets the guidelines for use of the Library meeting rooms. I am responsible for ensuring all attendees of the event comply with Library policy. Any damages to the meeting room, furniture, or equipment are my responsibility.

Signature of Responsible Party: _____

Date: _____

STAFF USE ONLY Date Received: _____ Staff Initials: _____

Approved: _____ Denied: _____ If denied, why? _____

Date Entered in Evanced: _____ Verified with Contact (date & initial): _____