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MEETING ROOM RESERVATION FORM

PLEASE PRINT ALL INFORMATION CLEARLY

Today's Date: _____

NOTE: Until this form has been returned to the library and the reservation has been confirmed, your room reservation is NOT booked. The Library Board of Trustees will be the final authority in granting or refusing permission to use meeting rooms.

Group Name: _____

For Profit: ____ Nonprofit: ____

Purpose of Meeting: _____

Day and Date of Meeting: _____

Time of Meeting: Start: _____ Finish: _____

**Please allow time to set up AND clean up.
It is the group's responsibility to set up the room and clean up after the meeting.**

Anticipated Attendance: _____

Person Responsible for Meeting Room: _____

Address: _____

Telephone: _____ Email (print): _____

Equipment Available (check desired equipment):

____ Wireless Laptop & LCD Projector ____ Blu-ray Player & LCD projector ____ Podium w/ Microphone

You MUST reserve use of the equipment at the time of registration!

The undersigned agrees on behalf of the above named organization to be responsible for any damage sustained to library property while being used by the organization, to follow all rules and regulations as set forth in the Easttown Library Meeting Room Policy, and to leave the room neat and orderly.

Signature of person accepting responsibility for the meeting room: _____

Reservation Confirmed by: _____

Not approved: _____ (if use of a room is not approved, an explanation will be provided)

Room assigned : ____ Arronson ____ Kohn ____ Arronson/Kohn ____ Ward ____ Friends ____ Beatty ____ Harron

Total Fees: _____

Prepayment required.

June 2015
6/2015 AJS