

Date
Staff Initials

PROGRAM ROOM RESERVATION REQUEST
PLAINFIELD BRANCH LIBRARY

Name of Group _____

Contact Person _____ Alternate _____

Address _____ Address _____

Phone _____ Phone _____

Description of Group _____

Special Equipment Required _____

Who may attend? _____

Membership, including where they reside _____

How was the meeting publicized? _____

Has this group used our room before? _____

When? _____

Dates, days, and times requested _____

I have read and agreed to abide by the Plainfield Branch Library Program Rules and Regulations.

Official Name of Group _____

Signature of Applicant _____

Applicant's Phone Number _____