

## Program Room Reservation Request KDL – Comstock Park Branch

<b>Contact Person:</b>	<b>Alternate Contact Person:</b>
<b>Address:</b>	<b>City, State, Zip:</b>
<b>Phone:</b>	<b>Email:</b>

<b>Description of Group:</b>	
<b>Who may attend?</b>	
<b>Membership, including where they reside (municipality):</b>	
<b>How will the meeting be publicized?</b>	
<b>Has this group used the room before?</b>	
<b>When?</b>	
<b>Dates/days/times requested:</b>	

**I have read and agreed to abide by the Comstock Park Branch Library Program Rules and Regulations**

Signature of Applicant: \_\_\_\_\_

Applicant's Phone Number: \_\_\_\_\_

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STAFF ONLY:

Date: \_\_\_\_\_

Staff Initials: \_\_\_\_\_

***Updated May 2019***