



Kent District Library
www.kdl.org

ENGLEHARDT BRANCH LIBRARY

200 N. Monroe St.
Lowell, MI 49331
ATTN: Community Room Coordinator
Phone: (616) 784-2007

COMMUNITY ROOM RESERVATION REQUEST FORM

Name of Group: _____

Contact Person: _____ Address: _____

Phone: _____ Email: _____

Alternate Contact Person: _____ Address: _____

Phone: _____ Email: _____

Description of Group:

Type of Meeting/Program: _____

Does half or more of the membership reside in the area? _____

Has this group used this room before? _____ When? _____

Date(s) Requested: _____

Time of Meeting: From: _____ To: _____

I have read and agree to abide by the *Regulations for Use of the Community Room*

Official Name of Group: _____

Signature of Applicant: _____

Applicant's Address: _____

Applicant's Phone Number: _____

Today's Date: _____

Library Staff Initials: _____