Lester Public Library of Rome Community Room Reservation Form

| Meeting Date(s) | |
|---|--|
| Meeting Start Time (allow for set-up) | End Time (allow for clean-up) |
| Name of Group or Organization | |
| Contact Person (Responsible Party) | |
| Home/Cell Phone | |
| Explain the Purpose of the Meeting: | |
| | |
| The following equipment is available in the Co | mmunity Room. Please indicate if you need to use any: |
| Coffee Maker | Refrigerator Tables Chairs |
| Screen Microphone | Projector DVD/Blu-Ray Player |
| Expected Attendance (Capacity 88) Adults_ | Children Total |
| abide with the guidelines and procedures ou Policy. The undersigned also assumes all resploss or damages to personal property. All me undersigned will report any problems to libra | |
| | se of the Lester Public Library of Rome Community Room e terms and conditions described therein. |
| | |
| Signature of Contact Person Must be 18 years or older | Date |
| Staff Signature | |