

Appendix H  
Frances L. Simek Memorial Library  
400 N. Main Street, Medford WI 54451  
Meeting Room Agreement and Reservation Form

Name of organization \_\_\_\_\_

Check one:

Non profit organization \_\_\_\_\_ Tax exempt # \_\_\_\_\_

For profit organization \$10.00 Date Fee paid \_\_\_\_\_

Name of person making reservation \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Date of requested use \_\_\_\_\_

Time of requested use \_\_\_\_\_

Time meeting starts \_\_\_\_\_

Room requested \_\_\_\_\_ large (up to 40) \_\_\_\_\_ small (up to 12)

Estimated number of people \_\_\_\_\_

Equipment needed

- \_\_\_\_\_ VCR and TV
- \_\_\_\_\_ Podium without microphone
- \_\_\_\_\_ Marker Board
- \_\_\_\_\_ LCD projector
- \_\_\_\_\_ Screen

- Group is responsible for leaving the room in standard arrangement
- Small conference room must be vacated prior to library closing.
- Failure to comply with these provisions may jeopardize future availability.

**I have received a copy of the policy and we agree to follow it.**

**Signature of responsible person** \_\_\_\_\_

**Date** \_\_\_\_\_

**Staff initials:** \_\_\_\_\_