

# **ROOM REQUEST FORM -- TOWNSEND PUBLIC LIBRARY**

**Return to Library Staff Person or by email:  
townsendlibrary@cw mars.org**

<b>Office Use Only:</b>
Received by _____
Date _____
Time _____

This form is intended for room use during regular library hours only. Rooms may be used only upon the approval of an authorized Townsend Public Library staff member. Not all rooms in the facility are available for public use. The Senior Center and the Library have priority in using these rooms.

**No private parties will be authorized.**

	<b>MONDAY</b>	<b>TUESDAY</b>	<b>WEDNESDAY</b>	<b>THURSDAY</b>	<b>FRIDAY</b>	<b>SATURDAY</b>	<b>SUNDAY</b>
<b>Avail. Hours</b>	10:30a-4:30p	10:30a-7:30p	10:30a-7:30p	10:30a-6:30p	10:30a-4:30p	11am-1pm	No hours
<b>Write requested hours in this section</b>							<b>X</b>
<b>DATE OF EVENT</b>							

Name of individual responsible for request: \_\_\_\_\_

Contact – Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name of organization (if applicable): \_\_\_\_\_

Number of people attending (approximate if needed): \_\_\_\_\_

Purpose of meeting: \_\_\_\_\_

## **ROOM PREFERENCE** – Not Guaranteed

- Meeting Hall – large (A)     
  Meeting Hall – small (B)     
  Both Meeting Hall sections

If you would like to request the Trustee Conference Room or either of the study rooms, do not use this form; contact the library. The Library Storytime room is not available for public use.

## **A/V EQUIPMENT**

Use of any A/V equipment *MUST BE SPECIFICALLY REQUESTED HERE.*

- Availability of AV equipment is not guaranteed.
- Availability of technical assistance is not guaranteed.

- Projector     
  DVD/Blu-ray Player     
 Will you be using a laptop?   
  Mac/Apple\*   
  Windows/PC  
 Screen Only     
  Mic/Audio     
 \*You must have an HDMI adaptor to connect a Mac to the projector

- Library is not responsible for technical malfunctions.

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## **LIBRARY STAFF USE ONLY** (put initials next to all steps taken)

- \_\_\_ Approved      \_\_\_ Applicant notified      \_\_\_ Entered into EventKeeper – date \_\_\_\_\_  
 \_\_\_ Denied      \_\_\_ Applicant notified – date \_\_\_\_\_  
 \_\_\_ A/V use approved – **name of staff person who will oversee** \_\_\_\_\_

Name of room reserved: \_\_\_\_\_