



## Meeting Room Reservation Form

Group Name:

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Room Requested:

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Purpose of Meeting:

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Number of Attendees:

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Dates(s) Requested:

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Time Requested:

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Responsible Party:

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Phone Number:

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Email Address:

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I affirm that my group is a non-profit organization.

I agree to return the room to the condition in which it was found, and I understand that I am responsible for the treatment and condition of the room.

I understand that the reservation is not final until confirmed with the booking coordinator or library director.

**I acknowledge that I have received a copy of the Daphne Public Library Meeting Room Policies. I affirm that I will abide by the rules and guidelines in those policies.**

Responsible Party Signature: \_\_\_\_\_

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