

Harrison County Library System Meeting Room Reservation Form

Today's Date _____

Group Name _____

Meeting Date(s) _____ Start time _____ End time _____

Purpose of meeting _____

Estimated number of Attendees _____

Person making reservation _____

Contact number(s): Day time _____ Evening _____

I have read and accept the HCLS policy and procedures regarding the library meeting room.

Signature _____

For Library Use

Approved _____ Date approved _____

Not Approved _____ Date _____ Reason Not Approved _____

Librarian Signature _____

Date Adopted: _____