

# Harrison County Library System Meeting Room Reservation Form

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Today's Date \_\_\_\_\_

Group Name \_\_\_\_\_

Meeting Date(s) \_\_\_\_\_ Start time \_\_\_\_\_ End time \_\_\_\_\_

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

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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 \_\_\_\_\_

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For Library Use

Approved \_\_\_\_\_ Date approved \_\_\_\_\_

Not Approved \_\_\_\_\_ Date \_\_\_\_\_ Reason Not Approved \_\_\_\_\_

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Librarian Signature \_\_\_\_\_

Date Adopted: 9/21/10