

JESSAMINE COUNTY PUBLIC LIBRARY
REGISTRATION FORM FOR USING THE PROGRAMMING ROOM

Name of Group: _____

Date(s) of Meeting(s): _____

Room requested from: _____ to: _____

Please allow for set-up and clean up in the time you book.
All evening meetings must end 15 minutes before the library closes.

Is the meeting open to the public? Yes No [Please circle one]

Purpose of meeting: _____

Estimated attendance: _____ If children, number of adult sponsors _____

Library equipment needed:

_____ TV or VCR _____ Overhead Projector _____ Screen (Room B only)

_____ Kitchen (Room A only) _____ Other: _____

I have received a copy of the Programming Room policy and guidelines. I understand that I am responsible for the room during the time I have reserved it. I agree to follow the rules as stated in the policy and guidelines and understand that failure to do so will result in termination of programming room privileges.

Please print name Title Signature

Address: _____ Phone _____ (home)

_____ (business)

Email: _____ (cell)

Senior Officer (President, Chairperson, etc.) of Organization (if other than above)

Address: _____ Phone: _____ (home)

_____ (business)

Email: _____ (cell)

STAFF USE

Date received _____ Room availability confirmed YES NO

Policy initialed by customer _____ (staff signature)

Copy of initialed policy given to customer _____ (staff signature)