



**West Georgia  
Regional  
Library System**

**Meeting Room Reservation Form**

**Please Print**

Organization Name \_\_\_\_\_ Representative \_\_\_\_\_

Is this a non-profit organization \_\_\_\_\_ If not, please list PINES Card of Representative \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Expected activity \_\_\_\_\_

Date(s) Wanted \_\_\_\_\_ Program begins at \_\_\_\_\_ Program ends at \_\_\_\_\_

**Audiovisual (A/V) Equipment may be available. Please check with the Library Manager about A/V needs then use this space to list items you will be checking out the day of your meeting.**

\_\_\_\_\_  
\_\_\_\_\_

**Other Equipment such as kitchen space, lecterns, and dry erase boards may be available. Please check with the Library Manager then use this space to list other items you will be using:**

\_\_\_\_\_  
\_\_\_\_\_

**Library staff will not set up chairs and tables in your meeting room or be responsible for items left in the rooms. The length of time needed for the meeting should include time to set up the room and put it back in order at the end of the meeting. Please arrive 15-20 minutes early to set up chairs and tables as needed.**

\_\_\_\_\_

**I have received and read the Meeting Room Policy and understand the regulations included. I understand that any failure to abide by this policy, by myself, or my group, may result in a loss of future use of the meeting room, both at this library and potentially those at other West Georgia Regional Library System libraries. I accept responsibility for all damage caused to the building, furnishings or equipment beyond normal wear and/or usage as determined by library staff.**

\_\_\_\_\_  
**Organization Representative Signature**

**Date**

\_\_\_\_\_  
**Manager or Manager Representatives Signature**

**Date**