

# Clark Memorial Library

## Community Room Reservation Request

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Organization \_\_\_\_\_ Title: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

Room Requested: \_\_\_\_\_ Room Approved: \_\_\_\_\_  
Room Capacity: \_\_\_\_\_ No. of Attendees: \_\_\_\_\_  
No. of Chairs: \_\_\_\_\_ No. of  
Tables/Desks: \_\_\_\_\_  
Equipment Needed: \_\_\_\_\_  
Reason: \_\_\_\_\_  
☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday ☐  
Date(s) Needed: Sunday  
☐ Every Week ☐ Every Other Week ☐ Every Third Week ☐  
Frequency Needed: Monthly  
Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_ Duration: \_\_\_\_\_  
First Date Needed: \_\_\_\_\_ Last Date Needed: \_\_\_\_\_

Other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Additional Terms and Conditions

\_\_\_\_\_  
*Library Director's Signature*

\_\_\_\_\_  
*Date*