

# Meeting Room Reservation Application

## Walkerton-Lincoln Twp. Public Library

*Please allow several business days for processing of your application.*

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

Mailing address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Contact Person \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Alternate Contact \_\_\_\_\_

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

Meeting topic \_\_\_\_\_

Expected number of attendees \_\_\_\_\_

○ Single use: Meeting date \_\_\_\_\_

Start time\* \_\_\_\_\_ End time\* \_\_\_\_\_

○ Multiple use: Meeting dates \_\_\_\_\_

Start time\* \_\_\_\_\_ End time\* \_\_\_\_\_

*\*Meetings may be scheduled during the library's open hours only. Meetings must adjourn at least 10 minutes before the library's scheduled closing time.*

As an authorized representative of the above organization, I hereby apply for the use of the meeting room as indicated above. I have read the Walkerton-Lincoln Township Public Library Meeting Room Policy and agree that they will be carefully observed. If a meeting is cancelled, I agree to notify the library as far in advance as possible.

Signed \_\_\_\_\_ Date \_\_\_\_\_

**Please mail, email or fax completed applications.**

**Mail:** Walkerton-Lincoln Twp. Public Library, 300 Michigan St., Walkerton, IN 46574

**Email:** [walkerton.lincoln.library@gmail.com](mailto:walkerton.lincoln.library@gmail.com)

**Fax:** 574.279.0546

FOR LIBRARY USE ONLY  Application approved  Application denied

Reason for denial:

Signed \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_