REGISTRATION FORM FOR MEETING ROOM USE
MERCER COUNTY PUBLIC LIBRARY

Name of Individual or Group: _____

Meeting Date: _____

Meeting Start Time: _____ (include setup) Meeting End Time: _____ (include cleanup)

Purpose/Activity of Meeting: _____

Estimated Attendance: _____ (Please notify MCPL of significant changes.)

Number of Children: _____ Number of Adults: _____

Equipment Requested:

	Projector and screen		Meeting OWL (teleconferencing)
	Bluetooth speakers		Cables: VGA, HDMI, or USB
	Flat screen TV		Dry-erase whiteboard
	DVD player		Kitchen / kitchenette access
	Laptop computer		

Name of Responsible Party: _____

Library Card Number: _____

I have been given a copy of the Meeting Room Policy, and agree to follow it, as well as assume responsibility for the room, its contents, and the behavior of any individuals in attendance. (Responsible person must be in attendance during the meeting.)

Signature: _____

Phone: _____ Email: _____

Library Use Only

Received by: _____ Date:_____ Card in Good Standing? _____

Approved by: _____ Date: _____ Notified by: _____ Date: _____