

**York County Library Meeting Room Reservation Form**

Date and time requested: \_\_\_\_\_

Name of organization: \_\_\_\_\_

Purpose of use: \_\_\_\_\_  
\_\_\_\_\_

Name of contact person: \_\_\_\_\_

Title/role of contact person: \_\_\_\_\_

Address of contact person: \_\_\_\_\_

Phone number: \_\_\_\_\_

My signature below signifies that I have read the York County Library Meeting Room policy and agree to abide by all of its requirements.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

.....  
For staff use:

Form received by: \_\_\_\_\_ Date: \_\_\_\_\_

Room fee (for-profit business): \_\_\_\_\_ (\$75 for three hours, \$10 for any additional hour)

Received by: \_\_\_\_\_ Date: \_\_\_\_\_

Circle one:    Cash            Check            Credit

Room checked by: \_\_\_\_\_ Date: \_\_\_\_\_

If damaged, fee charged: \_\_\_\_\_ Date: \_\_\_\_\_

Circle one:    Cash            Check            Credit