

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: _____

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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