

WASHINGTON DISTRICT LIBRARY

Meeting Room and Study Rooms
Reservation Request Form

Date of Meeting/Event: _____ Time Reserved: ____ to ____

Name of Organization: _____

Contact Person: _____ Library Card Number: _____

Address: _____
Street City/State Zip

Phone: (Home) _____ (Work) _____ Ext. _____

E-Mail Address: _____ Estimated Attendance: _____

Room Reserved: _____

Nature of Meeting/Event: _____

Equipment Needed (TV/VCR/DVD; Digital Projector; Audio System): _____

I have read the Statement of Policy with regard to the meeting room and/or study room. Our organization will agree to follow the rules set forth by the Washington Library Board.

Today's Date: _____ Signature: _____

Please return application to: Washington District Library
Attn: Meeting/Study Rooms Application
380 N. Wilmor Rd.
Washington, IL 61571
Phone: (309) 444-2241 Fax: (309) 444-4711

For Library use only: Date of Application _____
Confirmation _____
Staff _____