

Community Room Reservation Form



Date of event: _____

Anticipated Attendance: _____

Event times: Start: _____ End: _____

ROOM MAXIMUM IS 50 PEOPLE

Organization/Individual Name: _____

Address: _____

Name of president/chairperson: _____

Contact person: _____ Phone: _____

Email Address: _____

Equipment Needed (Circle all that apply)	DVD Player	Laptop	TV	Laser Pointer
	Overhead Projector	Projector Screen	Podium	Speakers

Groups are responsible for their own set-up of the Meeting Room. Meeting must take place within open Library hours and MUST adjourn fifteen (15) minutes prior to closing.

I, the undersigned, being eighteen (18) years of age or older, have read the Meeting Room regulations as outlined by the Grafton-Midview Public Library and agree to comply. By signing, I agree to be responsible to the Library for the use and care of its property and facilities. I understand my responsibilities as signer include:

- Payment for any damages to the Library property occurring during or as a result of the meeting.
- Enforcement of Meeting Room regulations for the group for which I am responsible.
- Cleaning up the Meeting Room at the end of the meeting.

Applicant Signature

Date

Library Card Number

Please return to: Grafton-Midview Public Library, 983 Main Street, Grafton, OH 44044, fax to 440-926-3000,
or email to fbackstrom@gmplibrary.org

FOR OFFICE USE ONLY

APPROVED (Initial & date): _____ DISAPPROVED (Initial & date): _____

Revised 9/2022 FB

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