



Marengo-Union Library District

Meeting Room Reservation Form

Group Name : _____

Contact Person : _____

Library Barcode Number : _____

Phone Number : _____

Email Address : _____

Program Date : _____

Program Start Time: _____ Program End Time: _____

(This includes time for set up and clean up afterwards)

Number of Attendees Expected: _____

Will Food/Drink be served: Yes No

If yes, describe:

After Hours Fee amount collected: (\$30.00 per hour – check or cash only)

I have read the MULD Meeting Room Policy. I agree to comply with the rules stated and will be financially responsible for any damages incurred during the use of the room by our group.

Group Contact Signature

Date

Staff Member Signature

Date