

**REGISTRATION FORM FOR MEETING ROOM USE
MERCER COUNTY PUBLIC LIBRARY**

Name of Organization _____

Meeting Date _____

Time of Meeting _____

Beginning Time (include setup)

Ending Time (include clean up)

Purpose/Activity of Meeting _____

Estimated Attendance: _____ (Please notify MCPL of significant changes.)

If Children, Number of Adult Sponsors (one per 10 children): _____

TECH Equipment needed: _____

.....
Signature and Title of person Agreeing to the Meeting Room Policy & completing this form:

I have been given a copy of the Meeting Room Policy, and agree to follow it, as well as assume responsibility for the room, its contents, and the behavior of any individuals in attendance.

X _____

Print Name: _____

Address _____ Phone: _____ (H) _____ (W)

If alternate person needed to accept responsibility for room, their name and contact info:

Print Alternate's Name: _____

Alternate's Address & Phone Number: _____

Office Use only

Library employee taking Registration Form: _____ Date: _____

Approved by: _____ Date: _____

Notification Date: _____