

Ruby Sisson Library Community Meeting Room Request Form

This form may be submitted up to 30 days or 30 minutes before the requested meeting room time.

Meeting Room Requested (circle one):

- Small (1-6 people, 1-3 hours) Sorry, this room is **NOT** available Monday through Thursday, 1:30 pm to close
- Big (9-35 people, 1-9 hours)

Approximate Number of People:

Requesting Meeting Date and Time Period (e.g. Monday, September 19th from 11:00am-1:00pm)

Responsible Party:

Name _____

Phone Number (_____) _____

Email Address (for correspondence only) _____

Purpose of Meeting (e.g. Pagosa Bird Watcher Club Meeting or Private Tutoring Session)

Special Requests:

I have read and accept the Meeting Room Policy and Guidelines

X _____ Date _____

.....

For Library Staff Use

Today's date: _____

Staff initials: _____

- The responsible party has read and signed the policy and guidelines.
- The calendar has been checked and there is not a conflict. A tentative reservation note was made on the calendar (e.g. 9/19/11 Sm Rm 1-3pm)
- The calendar has been checked and there is a conflict. Describe the conflict: _____

- Notes: _____

Director/Asst. Director:

- OK and note confirmed on the calendar
- Follow-up via phone or email