

Goshen Public Library and Historical Society Meeting Room Reservation Form

Contact's Goshen Public Library Card number: _____

Contact Name: _____

Contact Phone Number: _____

Contact Email: _____

Name of Non-Profit Organization: _____

Please tell us the date & time of your program/event: _____
(Month/day) (start time-end time)

****Note there must be a one hour gap between programs/events to allow for set up and clean up of the space.**

****Programs may not exceed 2 hours in length.**

****An insurance rider with Goshen Public Library and Historical Society named as an additional insured must be submitted before the event date.**

Please tell us the Title of your program/event: _____

Please give us a brief description of the program/event.

Please give us your expected attendance: _____

Which meeting room would you like to reserve:

_____ Community Room (max. 100 people) _____ Small Meeting Room A (max. 12 people) _____ Small Meeting Room B (max. 12 people)

For the Community Room, please indicate which, if any of the following you will need:

___ Tables/How Many ___ Chairs/How Many ___ Screen/Projector ___ Podium/Microphone

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I have Read and Agree to follow the Meeting Room Policies provided on the library website or in hard copy at the library.

(Signature and Date)

Any questions can be directed to 294-6606 ext. 113

Reservations will be reviewed and approved on a first come first serve basis.

Date received: _____ Date approved: _____ Staff Signature _____