

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 _____ Small Meeting Room A _____ Small Meeting Room B
(max. 100 people) (max. 12 people) (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 or kcw@goshenpubliclibrary.org**

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

Date received: _____ Date approved: _____ Staff Signature _____