

Meeting Room Application Form



Use of the Meeting Rooms does not indicate endorsement by the Forbush Memorial Library.
Meetings should end **10 minutes** before the Library closes.

Today's Date _____

Room requested

Eloranta Room _____
Kendig Room _____
Multi-purpose Room _____

Use of Kitchenette (3rd floor) _____

Date of Use _____

Time: Begin _____ End _____

Before Hour Use _____

Number of Hours: _____

After Hour Use _____

Organization _____

Contact person (please print) _____

Mailing address _____

Please note that Library Meeting Rooms can only be reserved by Westminster residents.

Email address _____

Telephone _____

Purpose of the meeting _____

Expected number of attendees _____

I have received and read the Meeting Room Policy. I agree to abide by the rules and regulations for use of the meeting rooms at the Forbush Memorial Library.

Signature of the contact person _____

Approved for use _____ *for* _____ *date*

The Library welcomes a donation of \$25. Funds are placed in the FML Building fund for the upkeep and improvement of the Forbush Memorial Library. Thank You.