



**MERRICK LIBRARY**  
**MEETING ROOM RESERVATION**

Please complete this form and return to the Program Coordinator's Office. All meetings must end at 9:00 PM unless special arrangements are made. Smoking is not permitted.

Name of Organization: \_\_\_\_\_

Responsible Person: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Meeting Date: \_\_\_\_\_ Time: From: \_\_\_\_\_ To: \_\_\_\_\_

Estimated number of attendees: \_\_\_\_\_

Please indicate number of tables and chairs required:

Chairs \_\_\_\_\_

Tables \_\_\_\_\_

A/V equipment may only be operated by a library staff member, or a member of the meeting organization who has been trained by a staff member on the equipment.

Coffee service is available upon request, for a fee of \$15.00 \_\_\_\_\_

We agree to defend and hold harmless the Merrick Library and any of its employees from any claims, suits or other actions arising from the use of the Merrick Library meeting room. We further accept responsibility for the proper use of the meeting room as outlined in the Merrick Library Meeting Room Policy.

**All publicity must be approved by the Director of the Merrick Library.**  
**ALL MEETINGS MUST BE OPEN TO THE PUBLIC.**

\_\_\_\_\_  
Signature of responsible member

Date: \_\_\_\_\_

**Approved:** \_\_\_\_\_

**Denied** \_\_\_\_\_

\_\_\_\_\_  
**Director's Signature**

**Date:** \_\_\_\_\_

Policy revised by the Board of Directors: April 25, 2017