

Arthur Public Library Meeting Room Request Form

Today's Date: _____

Name: _____ Phone Number: _____

Organization: _____ Title of Event: _____

Preferred Room Setup: _____ Staff Assistance Required (Circle one): Yes No

Date	Time (start and end)	Number of People	Preferred Setup	Equipment Needed

For staff:

Approved by: _____

\$10.00 fee Paid Charged Waived