

## Covington Public Library Meeting Room Reservation Form

Required information (please print clearly):

Group Name \_\_\_\_\_

Contact Person \_\_\_\_\_

Full Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Number \_\_\_\_\_ Cell Number \_\_\_\_\_

Office Number \_\_\_\_\_

Email Address \_\_\_\_\_

Website of Organization \_\_\_\_\_

Purpose / Function of Group \_\_\_\_\_

Are you being paid for your services for this meeting? \_\_\_\_\_ By Whom? \_\_\_\_\_

Are you charging a ticket or Entry Fee? \_\_\_\_\_

Are products or services being promoted or sold? \_\_\_\_\_

Is there a drawing for a chance to win prizes or raffle fee? \_\_\_\_\_

(If yes, the Library could request a copy of a gaming license)

Date(s) requested \_\_\_\_\_

Time(s) requested \_\_\_\_\_

The Library reserves the right to review each prospective use and determine whether that use falls within the Covington-Veedersburg Public Library Meeting Room Policy.

Note: Form must be filled out completely for reservation to be made. Incomplete forms will be returned and room will not be reserved. You must fill out a new form each time you make a reservation.

Your signature below indicates that you received a copy of the CVPL Meeting Room Policy, have read the policy and accept and agree to be bound by it.

(x) \_\_\_\_\_

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Office Use Only: Date paperwork received: \_\_\_\_\_

Signature of Approval: \_\_\_\_\_