

PROGRAM ROOM RESERVATION FORM

Organization: _____

Date: _____

Staff: _____

CARIBOO REGIONAL DISTRICT LIBRARY

100 Mile House / Williams Lake Branch

Program Room Use Reservation and Responsibility Form

I agree to the conditions specified in the "Library Program Rooms" policy, which include the requirement to reimburse the Library for any damage beyond reasonable wear that occurs during the group's use of the meeting room and other library facilities. I also agree to leave the meeting room neat and orderly.

Dates Requested: _____ Projected Attendance: _____

Key Picked Up: _____ Key Returned: _____

Equipment Needed: _____

User's Signature: _____

Club or Organization: _____

Address: _____