

PUBLIC SPACES RESERVATION FORM

Plattsburgh Public Library

RESERVATION INFORMATION:

AUDITORIUM (holds up to 100 people) _____ **OR SMART ROOM** (holds up to 20 people) _____

READING ROOM (holds up to 10 people) _____ **OR TEEN ROOM** (holds up to 10 people) _____
(Not a private room) (Not a private room)

PLEASE CHECK OUR WEBSITE UNDER CALENDAR AND EVENTS TO SEE IF TIME IS AVAILABLE FOR YOUR NEEDS! [HTTP://WWW.PLATTSBURGHLIB.ORG](http://www.plattsburghlib.org)

Date of Reservation: _____ **Day of Week:** (Circle one): **MON TUE WED THU FRI SAT**

Time Frame—From: _____ **am/pm** **To:** _____ **am/pm** **Expected Attendance:** _____

GROUP INFORMATION

Name of Group: _____

Type of Group (circle one): Government Agency Non-Profit Group Other: _____
(please explain)

Purpose of Meeting (provide brief description):

Equipment needed: (circle needed) **DVD/Projector Laptop/Projector Film Screen**
(only available in Auditorium or Smart Room)

Will you or your group be serving food/drinks to attendees? **YES NO**

Name of Individual Making Reservation: _____

Email address (required) _____

Phone: _____ **Address:** _____

Position in Group: _____

Statement of Responsibility: **I,** the undersigned, have read and understand the Plattsburgh Public Spaces Policy and accept full responsibility for the use of the public space during the meeting noted above.

Signature: _____ **Date:** _____

Policy provided to registrant shown above: _____ Confirmed by: _____

Actual Attendance: _____ Notes: Adults _____ Children _____

Room checked by: _____

Notes regarding condition of room after event:

Was room left in good condition?

YES NO

Was furniture restored correctly?

YES NO

DATE SUBMITTED TO LIBRARY: _____

APPROVAL OF LIBRARY DIRECTOR:

INITIALS: _____ DATE: _____

DATE REQUESTOR NOTIFIED: _____

BY STAFF MEMBER: _____