



*Madison County*  
**LIBRARY SYSTEM**  
*Knowledge • Community • Imagination*

**Madison County Library System**

**Meeting Room Reservation Request Form**

**Branch Name:** \_\_\_\_\_ **Date Submitted:** \_\_\_\_\_

**Name of Nonprofit Organization:** \_\_\_\_\_

**Purpose of Meeting:** \_\_\_\_\_

**Number of Membership:** \_\_\_\_\_ **Estimated Attendance of Meeting:** \_\_\_\_\_

**Contact Person Who Will Be Attending Meeting:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_

**Primary Phone Number:** \_\_\_\_\_ **Secondary Phone Number:** \_\_\_\_\_

**MCLS Library Card Number:** \_\_\_\_\_ (Must have current MCLS library card)

**Primary Date and Time Requested for Meeting:** \_\_\_\_\_

**Secondary Date if Primary Date/Time is Unavailable:** \_\_\_\_\_

A \$50 refundable deposit is required to rent the meeting room. All deposits must be made with a check. Deposits will be refunded after staff check that the meeting room is in the same condition as prior to the meeting.

Reservations must be made two or more weeks before requested date of meeting. Deposits should be made at least one week before the meeting. Your reservation is not confirmed until deposit is made. Final approval for meeting room use resides with the library director.

The undersigned representative of organization agrees that this meeting will be held in accordance with all policies set by the Madison County Library System Board of Trustees. Any charges incurred will be charged to the person making the reservation and signing this form.

**Your signature indicates that a copy of the MCLS Meeting Room Policy was made available for your review, and that you read, understand, and agree to abide by the policy, and will share the policy with any others involved in organizing or leading the meeting(s) listed above.**

\_\_\_\_\_  
Signature of Organization Representative

\_\_\_\_\_  
Date Signed

**FAILURE TO COMPLY WITH POLICIES WILL RESULT IN SUSPENSION OF THE RIGHT TO USE LIBRARY MEETING SPACE.**