

**WaKeeney Public Library
Community Arts Room
Reservation Form**

Name of Organization:

Name of Representative

NUMBER EXPECTED TO ATTEND:

PHONE:

(MAXIMUM ROOM CAPACITY IS 46 PEOPLE)

DATE AND TIME OF REQUESTED USE

DATE (S)	TIME - FROM:	TO:
(Please Include time for Setup before and cleanup afterwards. Your group is not authorized to access the room for set up prior to the time reserved on this sheet even if you have a key up to one day prior to the event. If you need extra time for set up, you must call the library and see if the time is available to extend your booking.)		

FOR WHAT PURPOSE?

I HAVE READ AND UNDERSTAND THE RULES AND "CLEANUP CHECK LIST" FOR THE USE OF THE ROOM.

SIGNATURE:

PLEASE REMIT PAYMENT OF THE \$25.00 DEPOSIT WITH THIS RESERVATION FORM.

FOR ADMINISTRATIVE USE: DO NOT WRITE BELOW THIS LINE

TODAY'S DATE _____

DEPOSIT PAID: _____

KEY RING #: _____ DATE KEY RING RETURNED: _____