HERNANDO COUNTY PUBLIC LIBRARY SYSTEM Date Received Meeting Room Reservation Form Time Received Staff Initials Staff Initials

Please Select a Location (check one)	Location	Facility	Seating Limit
	Main Library/Lykes Memorial 238 Howell Avenue Brooksville, FL 34601	Meeting Room	45
	West Hernando Branch Library 6335 Blackbird Avenue Brooksville, FL 34613	Meeting Room	26
	Spring Hill Branch Library 9220 Spring Hill Drive Spring Hill, FL 34608	Meeting Room	98
	East Hernando Branch Library 6457 Windmere Road Brooksville, FL 34602	Meeting Room	48

Date/s room needed: (Example- 11/30/06 or every 3rd Wednesday)

Time room needed:	From:	A.M.	-or-	P.M.	(Cir	cle A.M. or F	P.M.)	
	То:	A.M.	-or-	P.M.	(Circ	cle A.M. or P	·.М.)	
Name of Organization:								
Mailing Address & Zip Code:								
Phone Number:								
President or Head of O	rganization:							
Contact Person's Name:								
Contact Person's Addre	ess:							
Contact Person's Phone:								
Please contact first:								
Purpose of Meeting/Eve	ent:							
Type of Activity: (circle one)		Discussion	Exhi	bit F	ilm	Organizationa	l Other	Speaker
Special requirements/equipment needed:				_			_	
Estimated Attendance:								

PLEASE ATTACH TO THIS APPLICATION ANY NOTICES, PRESS RELEASES, POSTERS, FLIERS OR OTHER MATERIALS PROMOTING OR ANNOUNCING THE EVENT FOR APPROVAL BY LIBRARY ADMINISTRATION.

Person Accepting Responsibility: The name, address, phone number, and signature of person responsible (18 years of age or older and a Hernando County resident) for library facilities and equipment must appear below:							
Name:							
Address & Zip Code:							
Phone Number:							
Signature of Person Responsible:							
I have read, understand, and will comply with the rules and regulations set forth in the libraries Meeting Room Policy, I understand that failure to comply will result in cancellation of the program and/or restriction of future use.							
Signature:	Date:						
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DO NOT WRITE BELOW THIS LINE - OFFICE USE ONLY							
Branch Approval:	Branch Disapproval:						
Comments:							
Patron Notified:	Date:	Time:					
Name of Person Notified:							
Method of Contact: (circle one)	Phone/Message	Letter	In-Person				
Specific Dates Room Not Available:							
Date Received by Booking Staff:							
Date Room Booked on Master Calendar:							
Signature Staff of Booking Staff:							
Comments:							