

GLOUCESTER COUNTY LIBRARY SYSTEM

(856) 223-6033 --- Fax: (856) 223-6039

E-Mail: pmccall@gcls.org

MEETING ROOM RESERVATION FORM

Name of Organization _____

Address _____

Daytime Phone () _____ Evening Phone () _____

Fax Number () _____ E-Mail _____

Purpose of Meeting _____ Approximate Attendance _____

Glassboro Branch

Check One: [] Meeting Room capacity 40

Greenwich Branch

- [] Meeting Room #1 chairs only 35; with tables 25
- [] Meeting Room #2 chairs only 60; with tables 40
- [] Meeting Rooms #1 & 2 chairs only 95; with tables 65

Logan Branch

- [] Meeting Room A – capacity 40 [] Meeting Room B – capacity 8

Mullica Hill Branch

- [] Meeting Room A chairs only 45; with tables 30
- [] Meeting Room B chairs only 50; with tables 35
- [] Meeting Room A & B chairs only 95; with tables 65
- [] Meeting Room C capacity 12

Swedesboro Branch

- [] Meeting Room capacity 40

Meeting Date(s) _____ Reservation Begins _____
Include Set-up time, if needed

Meeting Begins _____ Reservation Ends _____
Include Clean-up time, if needed

Please list the equipment you would like to use at your meeting. See the attached Meeting Room Policy and Regulations for equipment that is available at each branch.

Equipment: _____

Do you plan to serve refreshments? Yes _____ No _____

Please Check All The Boxes Below:

- [] I have read and will comply with the GCLS Meeting Room Policy and Guidelines.
- [] I will leave the room clean and reset to the standard floor plan.
- [] If the meeting is cancelled I will notify the library.
- [] I understand that failure to comply with the library's policies may result in the loss of use of the meeting room.

Printed Name _____ Date of Application _____

Signature of applicant and responsible person _____