



Lakes Country Public Library

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Email: lak@lakescountrylibrary.org

LakesCountryLibrary.org

Small Meeting Room Reservation Form: 2 Hours Max

Please Print:

Date(s) Wanted _____ Start Time _____ End Time _____

Name of Group _____ Expected attendance total _____ (8 Max)

Responsible Party _____

Phone _____ Email _____

I have received and read the Meeting Room Policy and understand the regulations/code of conduct included. I understand that any failure to abide by this policy, by myself, or my group, may result in a loss of future use of the meeting rooms. I accept responsibility for all damage caused to the building, furnishings, equipment or determined by library staff.

Responsible Party Signature

Date

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