

Approved: August 15, 2024



Lakes Country Public Library

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LakesCountryLibrary.org

Zeller Meeting Room Reservation Form:

Please Print:

Date(s) Wanted _____ Program begins at _____ Ends at _____

If recurring meeting, describe schedule

Name of Group _____ Expected attendance total _____ (Seats 36, Max 50)

Responsible Party _____

Phone _____ Email _____

Physical Address _____

Facilitator (if different from Responsible Party) _____

*The Library reserves the right to restrict use of the kitchen. Only light refreshments and non-alcoholic beverages may be served in the Zeller Community Room.

We will want to use the serving kitchen (yes or no) For what purpose

The Library will not set up your meeting room. Please arrive 15-20 minutes early to set up chairs and tables as needed.

You will be expected to clean up.

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

For Staff Use: Approved By: _____ Amount Paid: _____ Date Paid: _____