

HANCOCK COUNTY PUBLIC LIBRARY  
1210 MADISON STREET  
HAWESVILLE, KENTUCKY 42348  
(270) 927-6760 (telephone)  
(270) 927-6847 (fax)

**MEETING ROOM RESERVATION FORM**

Meeting room location (circle one):     Hawesville     Lewisport

Name of organization: \_\_\_\_\_

Address of organization: \_\_\_\_\_

Name of individual requesting meeting room: \_\_\_\_\_

Phone (day): \_\_\_\_\_ Phone (cell): \_\_\_\_\_

Email Address: \_\_\_\_\_

Alternate contact person: \_\_\_\_\_ Phone (day): \_\_\_\_\_

Is your organization **for-profit** or **not-for-profit**? (circle one)

Meeting date(s): \_\_\_\_\_ Estimated attendance: \_\_\_\_\_

Time meeting(s) will begin \_\_\_\_\_ and end \_\_\_\_\_

Topic or purpose: \_\_\_\_\_

Is kitchen needed? \_\_\_\_ Equipment needs: (screen, LCD projector, laptop.) Circle all that apply.

Number of tables needed: \_\_\_\_ Number of chairs needed: \_\_\_\_

I have read the Meeting Room Policy of the Hancock County Public Library. I understand the Meeting Room Policy and its implications. I accept the responsibilities stated in the Meeting Room Policy and will carry them out.

Applicant signature: \_\_\_\_\_ Date: \_\_\_\_\_

Employee taking application: \_\_\_\_\_ Date: \_\_\_\_\_

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

Deposit: \$100 \_\_\_\_\_ Paid By: \_\_\_\_ Check # \_\_\_\_\_ Cash

A meeting room is not considered to be scheduled until this reservation form has been formally approved by the Library Director (or designee), form processed, and posted on library's calendar / website.

**ALL MEETINGS HELD IN THE MEETING ROOM ARE OPEN TO THE PUBLIC.**