## **Hickory Public Library Meeting Room Reservation Request Form**



Which room would you like to ☐ Patrick Beaver Memorial Li ☐ Patrick Beaver Memorial Li ☐ Ridgeview Branch Library (	brary Meeting Roor brary Conference R	loom (max 15 people)	Libraries. Well Crafted
A designated group or organizate request form each time he/she made over the telephone. No resigned, and returned to the libration.	wishes to reserve a r eservation can be co	meeting room. Reservation	ons cannot be
Users are responsible for room meeting.	setup. Rooms must	be returned to original se	etup after your
I have read the attached police room. I agree to abide by the Applicant's signature	se rules.		
Your Name			
Group Name			
Your Position in Group			
Mailing Address			
City	State	Zip Code	
Telephone Number: work	hc	ome	
E-mail Address			
Date of Meeting			_
Time Requested from	to		-
Purpose of Meeting			
Expected Number of Attendees			
Chairs # Tables #			

Equipment requested (	ex: podium, proje	ector, screen, whiteboard, microphone)
Will food and drinks be	served?	
-		
If you have any question	s about library me	eeting rooms or about this form, call Kay Willis
(828)304-0500 ext. 727	5.	
Return Completed For	m:	
<ul> <li>In Person: Submit t Branch Library</li> </ul>	o the front desk	at Patrick Beaver Memorial Library or Ridgeview
_	ublic Library, 375	5 Third Street NE, Hickory, NC 28601
By Email: kwillis@h	ickorync.gov	•
FOR LIBRARY USE ONLY:		
Approved	_Notified	Initials