

**Highland Park Public Library
MEETING ROOM RESERVATION FORM**

Date: _____

Date requested: _____

Time requested: _____

Organization name _____

Address _____

Contact person _____

Telephone number _____

Email address _____

Description of activity _____

Estimated number of people attending _____

Will you need to use the kitchen? _____

Special equipment requested _____

Proof of liability insurance provided _____

The applicant agrees to abide by the Library Board of trustees' policy on the use of Library facilities.

Signature of applicant: _____ Date _____

Approved: _____

Director of Library Services