

**YOUNGSTOWN FREE LIBRARY MEETING ROOM RESERVATION CONTRACT**

Instructions: Please print clearly in dark ink.

Name of Organization: \_\_\_\_\_

Organization Purpose: Please check one of the following:  
\_\_\_\_ Civic \_\_\_\_ Cultural \_\_\_\_ Education \_\_\_\_ Service Group

Contact Person: \_\_\_\_\_

Contact Mailing Address: \_\_\_\_\_

Contact Phone: (Home &/or Cell) \_\_\_\_\_

Alternate Contact Person: \_\_\_\_\_

Alternate Contact Mailing Address: \_\_\_\_\_

Alternate Contact Phone: (Home &/or Cell) \_\_\_\_\_

Requested Booking Date: (Month) \_\_\_\_\_ (Day) \_\_\_\_\_ (Year) \_\_\_\_\_

Requested Booking Time: \_\_\_\_\_ (AM/PM) to \_\_\_\_\_ (AM/PM)

Estimated Number Attending Event: \_\_\_\_\_

Purpose of Meeting/Event. Please be specific. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I \_\_\_\_\_ as duly authorized representative of the above organization, do  
(Print Name)

hereby state that I have read and agree to abide by the policy and rules set forth by the Youngstown Free Library Board of Trustees.

Dated: \_\_\_\_\_

Signature: \_\_\_\_\_