

BLACKWATER REGIONAL LIBRARY
RESERVATION CONTRACT

NAME OF LIBRARY: _____

NAME OF GROUP: _____

GROUP ADDRESS: _____

DATE OF USE: _____

HOURS OF USE: _____

NUMBER OF ADULTS: _____

EQUIPMENT NEEDED: T.V. _____ V.C.R. _____ OTHER _____
SEE LIST ATTACHED

USE OF KITCHEN FACILITIES: YES _____ NO _____ N/A _____

IN SIGNING BELOW, I AGREE TO FOLLOW ALL THE RULES AS STATED IN THE BLACKWATER REGIONAL LIBRARY POLICY.

SIGNATURE OF GROUP REPRESENTATIVE

TELEPHONE NUMBER AND E-MAIL ADDRESS

Approved _____ Disapproved _____

BRANCH MANAGER OR DESIGNEE / /
DATE