

FACILITY RESERVATION FORM
DIXON PUBLIC LIBRARY

ORGANIZATION _____

Purpose of Use _____

Approximate Size of Group _____ Number of Supervisors/Assistants _____

Describe All the Activities that your Group has scheduled for the Library: _____

Date(s) of Reservation a) _____ b) _____

Time [Include Set Up and Clean Up Time(s)]: *Day One*: From _____ To _____

Day Two: From _____ To _____

Person Responsible: _____ Phone: _____

Address: _____ City _____

Library Equipment Needed [Check one or more]

Tables (Number) _____ Chairs (Number) _____

Book Carts (Number) _____

Library Areas Needed [Check one or more]

Lobby Area _____ Carnegie Building _____

Reference Room _____ Children's Room _____

Staff Workroom _____ Other _____

The undersigned representative agrees to use the library and pay all fees or damages according to the terms and conditions of this contract:

Requestor Signature _____ Phone _____

Requestor Name _____ Date _____

District Librarian's Signature _____ Date _____

Approved by the Library Commission on _____

Request not approved by the Library Commission on _____

Reason for Non-Approval _____

Date Paid _____ Amount Paid _____ Receipt Number _____

Staff Contact _____