

Goshen Public Library & Historical Society

MEETING ROOM RESERVATION FORM

Contact's Goshen Public Library Card number: _____

Contact's Name: _____

Contact's Phone Number: _____

Contact's email: _____

Name of Non-Profit Organization: _____

Please tell us the date & time of your program/event: _____

(Month/Day) (Start-End Time)

***Programs may not exceed more than 2 hours.**

****An insurance rider with Goshen Public Library & Historical Society named as an additional insured must be submitted before the event date.**

Please tell us the title of your program/event: _____

Please give us a brief description of the program/event:

Please give us your expected attendance: _____

Which meeting room would you like to reserve?

Community Room Small Meeting Room A Small Meeting Room B
(max. 100 people) (max. 8 people) (max. 10 people)

For the Community Room, please indicate which, if any of the following you will need:

Tables/How Many Chairs/How Many Screen/Projector Podium/Microphone

Visit the [Details](#) page on our website for more information.

I have Read & Agreed to follow the Meeting Room Policies provided on the library website or in hard copy at the library.

(Signature and Date)

***Any Questions can be directed to (845)294-6606 ext: 113 or email at meetingrooms@goshenpubliclibrary.org**

****No more than two reservations at a time are allowed.**

***** For Study Rooms please call (845)294-6606 ext: 105 or 106**

Reservations will be reviewed and approved on a first come first serve basis.

Dated received: _____ Date approved: _____ Staff Signature: _____

