

**FACILITY RESERVATION FORM**  
**CITY OF WHITEWATER – IRVIN L. YOUNG MEMORIAL LIBRARY**  
431 West Center Street, Whitewater, WI 53190 (262) 473-0530

**NAME OF GROUP OR ORGANIZATION** \_\_\_\_\_

**PERSON IN CHARGE** \_\_\_\_\_ **Phone number (work)** \_\_\_\_\_  
**(home)** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_  
Number and Street City State Zip

**EMAIL ADDRESS** \_\_\_\_\_

The email address will be used to confirm this reservation. Please be legible.

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**LOCATION REQUESTED: Please indicate Facility choice with (X).**

Community Room: Entire \_\_\_\_\_ Community Room: South \_\_\_\_\_  
Community Room: North \_\_\_\_\_ Kitchen \_\_\_\_\_

**DATE OF EVENT** \_\_\_\_\_

**TIME REQUESTED**

Beginning time (include time for set up) \_\_\_\_\_ am/pm

Posted time of meeting: from \_\_\_\_\_ am/pm to \_\_\_\_\_ am/pm

Exit time (include tear down time) \_\_\_\_\_ am/pm

**NOTE: YOU MUST RETURN THE ROOM TO THE SAME CONDITION AS BEFORE YOUR EVENT. FAILURE TO DO SO WILL RESULT IN FUTURE RESERVATIONS BEING DISAPPROVED.**

Name or contact info for Web site calendar:

**APPROXIMATE NUMBER OF PEOPLE EXPECTED TO ATTEND** \_\_\_\_\_

**EQUIPMENT REQUIRED:** (Circle) chairs, table, coat rack, coffee maker, VCR/DVD player and TV, screen, overhead projector, slide projector, lectern, laptop computer, laptop projector. (indicate how many chairs and tables) \_\_\_\_\_

I have received a copy of and read the Meeting Room Policy, I understand the building regulations relative to the use of these facilities, and I agree to requirements as stated in Section L of the Meeting Room Policy.

\_\_\_\_\_  
**Signature of Responsible Person**

\_\_\_\_\_  
**Date**

**Approved by Library Director** \_\_\_\_\_

**Date** \_\_\_\_\_

Mar 2015