Facility Reservation Application

*Library events and programs will be given first priority for facility use. Submission of this application does not guarantee availability of a space.*

The representative of the group that reserves a room must be 21 or older and a library cardholder.

Contact Name: ________________________________________________________________

Organization Name: _____________________________________________________________

Email: ____________________________________________ Phone #: ______________________

Address (include city, state, zip): _________________________________________________

Library Card #: ___________________________ # of People Attending: ________________

Requested Date: ___________________________ Start time: _______________ End time: _______________

*Please account for set-up and cleanup when considering start and end times

**If this is a monthly meeting, please list additional dates with start and end times on the back of this page

Nature/Purpose of Meeting: ____________________________________________________________

Are there fees or charges associated with this event? Yes No If yes, please explain ________________________

__________________________________________________________

Equipment provided:

Meeting and seminar rooms should contain tables and chairs. If extras are needed, please speak with library staff at the circulation desk located in the lobby.

Computer projector/Projector screen, sound system (no microphone), and DVD/BLURAY player

I have received a copy of the Policies for Public Use of the Faulkner County Library Meeting Facilities. By signing this reservation form, I agree to abide by stated guidelines and policies.

Signed: ____________________________________________ Date: ______________________

Title in Organization (if applicable): ________________________________________________
Approved groups may reserve the room once per month. Groups may meet more often than once a month if rooms are available. However, these will be short-term reservations and must be made no further ahead than the week of the meeting.

***Rooms may not be requested more than 60 days in advance***

Contact Name:

_______________________________________________________________________________________________________________

Organization Name:

_______________________________________________________________________________________________________________

Requested Date: _________________________ Start time: ___________ End time: ___________

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Requested Date: _________________________ Start time: ___________ End time: ___________

Requested Date: _________________________ Start time: ___________ End time: ___________

Signed: ______________________________________ Date: _________________________

Title in Organization (if applicable): ____________________________________________________________

Revised October 2021