



Faulkner County Library  
 1900 Tyler St. • Conway, AR 72032  
 501-327-7482 (T) • 501-327-9098 (F)  
 Email: FCL@FCL.org

Library Staff Use Only

Confirmed by:	Date:
Email <input type="checkbox"/> Phone <input type="checkbox"/>	

## 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): \_\_\_\_\_



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**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:

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Organization Name:

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Requested Date: \_\_\_\_\_ Start time: \_\_\_\_\_ End time: \_\_\_\_\_

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