



# CAMPBELL COUNTY PUBLIC LIBRARY (CCPL) MEETING ROOM USE FORM

2101 S. 4J Road • Gillette, WY 82718 • Phone: 307.687.0009 Fax: 307.686.4009

PLEASE FILL IN THE FORM COMPLETELY

FIRST TIME

REPEAT

Group name (also include how to list on board):		<input type="checkbox"/> Profit	<input type="checkbox"/> Non Profit
Contact person:	Phone: (H)	Phone: (W)	
	Cell phone:	FAX #:	
2nd contact person and/or local contact:	Phone: (H)	Phone: (W)	
	Cell phone:	FAX#:	
Address of organization:		Email address:	
Purpose of meeting:			
Open to the public? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Room requested (check one):			
WYOMING ROOM <input type="checkbox"/>	PIONEER ROOM 1 <input type="checkbox"/>	PIONEER ROOM 2 <input type="checkbox"/>	PIONEER ROOMS 1 & 2 <input type="checkbox"/> COMPUTER LAB <input type="checkbox"/>
Date of meeting:	Reservation time and set up time:	Kitchen facilities:	
		Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b><i>* Note: All meetings must END 15 minutes prior to library closing time.</i></b>			
Will you need audio-visual equipment for this meeting? Yes <input type="checkbox"/> No <input type="checkbox"/>			
<small>* Please remember, <b>YOU</b> are responsible for reserving this equipment through the Circulation Department. It is recommended that you contact the Circulation Department at the time you make your room reservation.</small>			
Will you be using the piano in the Wyoming Room? Yes <input type="checkbox"/> No <input type="checkbox"/>			
<small>* By checking yes, you acknowledge you are aware of piano use and will properly care for the Wyoming Room piano. You also understand the piano must only be moved by library personnel.</small>			
<ul style="list-style-type: none"> <li>• Arrange the room to meet your needs, but it must be returned to the original set-up.</li> <li>• Neither the CCPLS Board of Trustees nor Campbell County is responsible for accidents, injury, or loss while using the meeting rooms. Organizations holding meetings assume responsibility for damage to room and/or contents.</li> <li>• Failure to comply with all library policies will result in loss of meeting room privileges.</li> </ul>			
I have read and fully understand the rules on meeting room use for non-library activities. I also understand library approval must be granted if this is my first meeting room request. My name and phone number may be released when I am sponsoring a public meeting.			
Signature of responsible party:			Date:
Library employee taking reservation:			
Director's approval for first-time meeting room reservation:			