

THE SHERMAN LIBRARY

MULTIPURPOSE PROGRAM ROOM REQUEST FORM

Please complete this form and return it to the Sherman Library Director.

Name of Organization: _____

Responsible Person who will be present: _____

Address: _____

Email: _____ Telephone: _____ Tax exempt # _____

Title and purpose of meeting or program: _____

Date Requested: _____ Meeting Time: _____ a.m./p.m.

Total Room time needed (max two hours): Start: _____ End: _____

Estimated attendance: _____

Will refreshments be served? Yes No

If yes, what type of refreshments: _____

I have read the rules of the Sherman Library Barn Room Use Policy. My signature attests to my agreement.

Signature of Responsible Person: _____ Date: _____

Library Approval Signature: _____ Date: _____