

B. S. RICKS MEMORIAL LIBRARY

General Meeting Room Reservation Request

Name of Organization \_\_\_\_\_

Name of Person Completing Form \_\_\_\_\_

Daytime Phone of Person Completing Form \_\_\_\_\_

Mailing Address of Person Completing Form \_\_\_\_\_

Room Requested \_\_\_\_\_

Date & Time Requested \_\_\_\_\_

Anticipated Attendance \_\_\_\_\_

**I have read the YLA Meeting Room Policy and agree to follow said policy:**

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

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**For library use only**

Date Approved /Date Disapproved \_\_\_\_\_

Reason Disapproved \_\_\_\_\_