

La Porte County Public Library

904 Indiana Avenue

La Porte, IN 46350

Phone: 219-362-6156

Fax: 219-362-6158

Meeting Room Request Form

Meeting Date: _____ **Expected Attendance:** _____

Time: Setup Start _____ Program End _____

Program Start _____ Cleanup End _____

Meeting Room Needed: Small _____ Large _____

Kitchen Reservation: Yes _____ No _____ **Fee Paid (\$10):** _____ (Staff Initials)

Your Name (Please Print): _____

Address: _____ **Phone:** _____

Name of Organization/Group: _____

Title OR Topic of Meeting: _____

I have read the meeting room policy and I agree to carry liability insurance or shall hold harmless and keep indemnified the owners from all damages or claim for damages or injury. I assume the full responsibility for any damages to the building or other library property incurred while using the facilities. I will call to cancel room reservations if no longer needed. I understand that failure to cancel reservations may result in suspension of future privileges.

Signature: _____ **Date:** _____

Equipment Needed:

Podium _____

Overhead Projector _____

Microphone _____

Slide Projector _____

Flip Chart w/Paper _____

Speaker _____

Screen (large meeting room only) _____

TV/DVD Player _____

Portable Screen (small meeting room) _____

TV Monitor/VCR _____

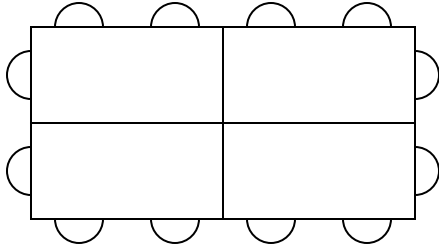
Coffee Pot _____

Video/Computer Projector _____

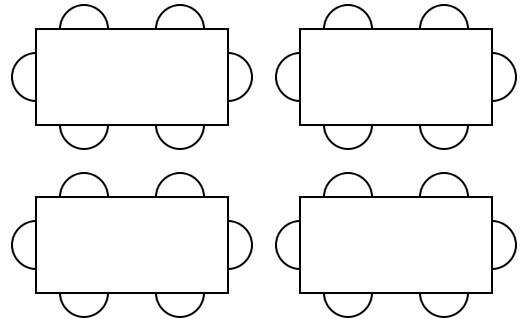
(Training necessary; for use
with video player or your
laptop.)

Please indicate room setup on the reverse side of this form.

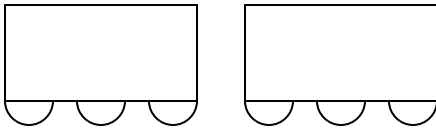
Please indicate the room arrangement you desire:



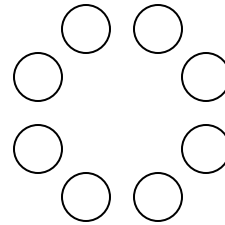
_____ Chairs around tables, facing each other



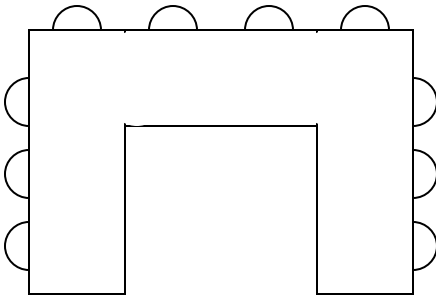
_____ Separate tables with chairs



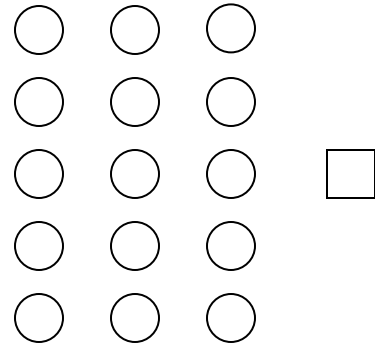
_____ Classroom style



_____ Circle of chairs (no table)



_____ Chairs on outside of U-shaped table



_____ Rows of chairs facing podium

Other arrangement desired (please illustrate):

Other needs: _____
