



# Meeting Room Reservation Form

Saugatuck-Douglas District Library  
174 Center St  
Douglas, MI 49406  
(269) 857-8241

Date(s) of Event(s): \_\_\_\_\_  
\_\_\_\_\_

Starting time (including setup): \_\_\_\_\_ Ending time (including cleanup): \_\_\_\_\_

Room Requested:            Large Meeting Room            Outdoor Patio

Group or Organization: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Expected Attendance: \_\_\_\_\_ Number of Chairs: \_\_\_\_\_ Number of Tables: \_\_\_\_\_

Description of Event: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I have read the meeting room policy and agree to the terms and guidelines**

Signature: \_\_\_\_\_

*\*When completed, this form can be dropped off at the Library or emailed to [info@sdlibrary.org](mailto:info@sdlibrary.org).*

**Office use only**

Approved by (staff initials): \_\_\_\_\_ Date: \_\_\_\_\_