



# Meeting Room Reservation Form

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

Date(s) of Event(s): (please indicate if this is a recurring event) \_\_\_\_\_  
\_\_\_\_\_

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

Room Requested: (circle one)      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: \_\_\_\_\_  
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**Office use only**

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