



# Keene Valley Library

## Room Reservation Form

KEENEVALLEYLIBRARY.ORG

### Applicant Information

**Full Name:**

(Please provide your full legal name)

**Email Address:**

(A valid email address for communication)

**Phone Number:**

(A reachable phone number)

**Mailing Address:**

(Your current mailing address)

### Rental Details

**Requested Rental Date:**

(Please specify the date you wish to rent the room)

**Requested Time:**

(Start and End time for your rental. Include setup and teardown time.)

**Room Preference:**

(List your preferred room, and an alternative in case your first choice is unavailable.)

**Purpose of Rental:**

(Please provide a detailed description of the event or activity planned for the rental. Be as specific as possible, and include the number of attendees.)

**Acknowledgement:**

I have read and agree to abide by the Library's Room Rental Policy.

**Signature:**

(Type your name to serve as your signature)

**Date:**

**Please submit this completed form to the Library Administration.**

*For Library Use Only:*

Approved: ☐

Denied: ☐

Reason for Denial:

Date Received:

Processed By: