

Rhineland District Library Meeting Room Reservation Form

Date room is needed:					
Time:	Start:	Finish:			
Organization name:					
Organization representative:					
Address:					
Phone:	Daytime:	Evening:			
Purpose of meeting:					
Equipment request (circle):	Overhead projector	Screen	Computer projector	Laptop	Other

I have received a copy of the Rhineland District Library Meeting Room Policy and agree to its terms and conditions:

Signed _____

Date: _____

Please submit this form to:

Rhineland District Library
106 North Stevens Street
Rhineland, WI 54501

Email: adultdept@rhinelandlibrary.org

FAX: 715-365-1076

www.rhinelandlibrary.org