



Meeting Room Reservation Form

Please read the Meeting Room Policy before completing this form.

Date: _____ Name of Organization: _____

Non-Profit For-Profit

Name of Contact Person: _____

Position in Organization: _____

Address: _____ Phone: _____

Program Information:

Date(s): _____

Hours: _____

Type of Activity: _____

Expected Attendance: Adults _____ Teens _____ Children _____

Will refreshments be served? _____

Equipment Request: _____ Room Fee (If applicable): \$ _____

Note: Maximum Occupancy is 137 persons.

We have read and agree to abide by the East Lake Community Library's policies regarding the use of meeting space. We also agree to defend and hold harmless the East Lake Community Library, the Palm Harbor Community Services Agency, Inc. and Pinellas County, its officials and employees thereof from any and all damages and claims arising out of or resulting from the meeting room use.

Signature of Applicant: _____

Please PRINT Full Name: _____

Date: _____ Title: _____

Library Approval: _____ Date: _____

(For more information, please contact Rhonda at 727-773-2665 or email at rhonda_elcl@hotmail.com)