

WOODRIDGE PUBLIC LIBRARY

LIBRARY MEETING ROOM RESERVATION REQUEST FORM

Name of Organization _____

Name of Contact Person _____

Address _____

Telephone _____ FAX _____

Alternate Contact=s Name _____

Address _____

Telephone _____ FAX _____

Both the Contact Person and the Alternate must be Woodridge residents and Woodridge Public Library Cardholders, and at least 18 years old.

Date of Meeting _____ Time from _____ to _____

Anticipated Attendance: _____

Name or purpose of meeting: _____

Do you plan to serve refreshments? No _____ BYes _____

If yes, please describe: _____
