



Community Library of
Allegheny Valley

COMMUNITY ROOM RESERVATION FORM

This application must be completed and returned to the Community Library of Allegheny Valley prior to the rental date. No reservation is final without the signed approval of the library director.

Organization/Individual Name:

Address:

Phone: _____

E-mail Address: _____

Purpose of Room Rental:

Date Needed: _____

Time Needed (Include Set-Up and Tear Down): _____ to _____

Contact Person: _____

Phone Number: _____ E-mail: _____

My signature on this page indicates that I have read, understand and agreed to the terms and conditions as they are stated in the Community Library of Allegheny Valley Community Room Use Policy.

Signature of Applicant: _____

Print Name of Applicant: _____

Date: _____

FOR STAFF USE ONLY:

LIBRARY DIRECTOR'S APPROVAL: _____

DATE: _____

ENTERED INTO LIBRARY CALENDAR BY _____