

**Camden County Library District  
Meeting Room Application  
(573) 346-5954 (phone)  
(573) 346-1263 (fax)**

Date of Meeting: \_\_\_\_\_

Time of Meeting: From: \_\_\_\_\_ am/pm To: \_\_\_\_\_ am/pm

Organization: \_\_\_\_\_

Person Making Reservation: \_\_\_\_\_

Library Card # \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Type of Meeting: \_\_\_\_\_

Approximate Attendance: \_\_\_\_\_

**Library Equipment Needed:**

\_\_\_\_\_ Digital Projector

\_\_\_\_\_ Easel

\_\_\_\_\_ Podium

**Users are responsible for room arrangement and clean up afterwards.  
There is a \$35 replacement fee for any lost, stolen or damaged remote  
controls.**

I have read the policies and rules for use of the meeting room and agree to assume full responsibility for my organization or group in complying with all conditions regarding the use of it.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_