

**Program Room Reservation Request  
KDL - Plainfield Branch**

<b>Contact Person:</b>	<b>Alternate Contact Person:</b>
<b>Address:</b>	<b>City, State, Zip:</b>
<b>Phone:</b>	

Description of Group:	
Special Equipment Required:	
Who may attend?	
Membership, including where they reside (municipality):	
How will the meeting be publicized?	
Has this group used the room before?	
When?	
<b>Dates/days/times requested</b>	

**I have read and agreed to abide by the Plainfield Branch Library Program Rules and Regulations**

Signature of Applicant: \_\_\_\_\_

Applicant's Phone Number: \_\_\_\_\_

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

Staff Initials: \_\_\_\_\_