



## Study Room Reservation Form

Please print neatly and return to Elting Library at least 2 weeks before your meeting.

Fax: (845) 255-5818

Email: [eltinglibrary@yahoo.com](mailto:eltinglibrary@yahoo.com)

Organization Name \_\_\_\_\_ Representative's Name \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email Address: \_\_\_\_\_

### Reservation Information

The *Study Rooms* may be used ONLY when the Library is open.

Day:  Monday  Tuesday  Wednesday  Thursday  Friday  Saturday

Reservation Date: \_\_\_\_\_ Expected Number of Attendees: \_\_\_\_\_

Event Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

### Audio / Visual Information

Please check which of the following you will require (if any):  VCR  DVD

**Yes!** Our group would like to make a donation to the Library to help defray the cost associated with running the *Study Rooms*. Accept the enclosed cash/check in the amount of \$\_\_\_\_\_

*Only the Library Director or his/her designee has the right to approve reservations.*

### For Library Use Only

Reviewed by Director: \_\_\_\_\_

Scheduled by: \_\_\_\_\_

Notification to Applicant: \_\_\_\_\_