

Claverack Free Library Facility Use Scheduling Form (12/2019)

This form is for scheduling of the Conference Room or Community Room. Applicants must be approved and registered with the Library before the meeting room can be booked. Arrangements must be made for use of library equipment at least seven business days prior to meeting date.

Fields marked * are required.

Group/Organization Information (Please print clearly)

*Date:		
* Name of Organization:		
Email:		
*Address:		
*City:	*State	*Zip Code
*Primary Phone:	Secondary Phone:	

Group Contact(s) Information

The Library requires contact information for the person responsible for booking the meeting room. This person must have a valid email address and a Mid-Hudson Library System card in good standing.

* Name:		
* Library Card Number:		
* Email:		
*Address:		
*City:	*State	*Zip Code
*Primary Phone:	Secondary Phone:	
* Your position within the organization:		

You may request up to six bookings using this form:

Booking 1

* Date:	* Day of Week:
* Meeting Starting Time:	* Meeting Ending Time:
* Estimated attendance:	
<input type="radio"/> Repeats weekly until / / or <input type="radio"/> Repeats monthly until / /	
*Library Room: ___ Conference Room or ___ Community Room	

Booking 2

* Date:	* Day of Week:
* Meeting Starting Time:	* Meeting Ending Time:
* Estimated attendance:	
<input type="radio"/> Repeats weekly until / / or <input type="radio"/> Repeats monthly until / /	
*Library Room: ___ Conference Room or ___ Community Room	

Booking 3

* Date:	* Day of Week:
* Meeting Starting Time:	* Meeting Ending Time:
* Estimated attendance:	
<input type="radio"/> Repeats weekly until / / or <input type="radio"/> Repeats monthly until / /	
*Library Room: ___ Conference Room or ___ Community Room	

Booking 4

* Date:	* Day of Week:
* Meeting Starting Time:	* Meeting Ending Time:
* Estimated attendance:	
<input type="radio"/> Repeats weekly until / / or <input type="radio"/> Repeats monthly until / /	

*Library Room: ___ Conference Room or ___ Community Room

Booking 5

* Date:	* Day of Week:
* Meeting Starting Time:	* Meeting Ending Time:
* Estimated attendance:	
<input type="radio"/> Repeats weekly until / / or <input type="radio"/> Repeats monthly until / /	
*Library Room: ___ Conference Room or ___ Community Room	

Booking 6

* Date:	* Day of Week:
* Meeting Starting Time:	* Meeting Ending Time:
* Estimated attendance:	
<input type="radio"/> Repeats weekly until / / or <input type="radio"/> Repeats monthly until / /	
*Library Room: ___ Conference Room or ___ Community Room	