



Room Reservation Form

By reserving a room, you are agreeing to the Charleston Carnegie Public Library meeting room policies.

Date of use: _____ Time of use: _____

Name of Organization: _____ Non-Profit/Community Group: Yes No

Contact Person: Name: _____ Phone: _____ Email: _____

Type of Activity (discussion, film, meeting, etc.): _____

Estimated Group Size: _____ Will a meal be served? Yes No

Select the room you would like to use:	Room Description:
<input type="checkbox"/> Study Room A	Located on the 4 th level, just outside of the elevator. It includes 1 table, 1 desk, 6 chairs, a white board and a tv.
<input type="checkbox"/> Study Room B	Located on the 4 th level, near the public computers. It includes 2 tables, 8 chairs, a white board and tv.
<input type="checkbox"/> Conference Room	Located on the 2 nd level. It includes a conference table and 15 chairs.
<input type="checkbox"/> Craft Room	Located in the KidSpace. It has tiled floor, 6 tables, and 30 chairs, a white board, and tv.

Please contact us 24 hours in advance if you need to cancel your room reservation.

Staff Only	
Form accepted by: _____ Date: _____	For Profit/Private Event Fee: \$ _____ ((\$15/hr for Craft Room; \$10/hr for Other Rooms))
Entered into calendar by: _____ Date: _____	Nonprofit Event Meal Fee (\$15): \$ _____ (Craft Room Only)
Notes:	TOTAL: _____
	PAID: _____