

Room Reservation Application

Please read the Room Reservation & Usage Policy before completing an application.

Complete the application for approval. A room will be selected based on your location, equipment, and size needs. Requestor will be contacted within three (3) business days.

Phone | 440-324-9827 • Email | meeting@elyrialibrary.org • Website | elyrialibrary.org



ORGANIZATION

TODAY'S DATE

MEETING TYPE/PURPOSE

DATE(S) OF MEETING

SET-UP TIME

START TIME

END TIME

CLEAN-UP TIME

TOTAL EVENT TIME

ESTIMATED ATTENDANCE

Location

- | | |
|--|---|
| <input type="checkbox"/> Central Library 211 Second St. in Elyria
<input type="checkbox"/> Meeting Room (85 maximum)
<input type="checkbox"/> Study Room (6 maximum) | <input type="checkbox"/> Keystone Library 133 E. Commerce Dr. in LaGrange
<input type="checkbox"/> Meeting Room (50 maximum)
<input type="checkbox"/> Study Room (2 maximum) |
| <input type="checkbox"/> South Library 340 15 th St. in Elyria
<input type="checkbox"/> Meeting Room (16 maximum)
<input type="checkbox"/> Study Room (4 maximum) | <input type="checkbox"/> West River Library 1194 West River Rd. N. in Elyria
<input type="checkbox"/> Meeting Room (50 maximum)
<input type="checkbox"/> Study Room (2 maximum) |

Room Setup Style Options *Setup styles are available based on attendance and room capacities.*

- Banquet Board/U-Shaped Classroom Theater

Equipment Request *Equipment is not available for study rooms. Kitchenette is available at limited locations.*

- Lectern Microphone Projector/Screen Sound System Kitchenette
 I am bringing my own equipment. *(Note: The requestor is solely responsible for setup of their equipment.)*

Other Information

YES NO

- Is there a fee or a solicited donation for this event?
 Is your meeting open to the public? *If yes, please see policy's conditions for advertising.*
 Is your meeting for commercial or promotional purposes?
 I have read and agree to the Elyria Public Library's Room Reservation and Usage Policy.

Requestor Contact Information

NAME

ALTERNATE CONTACT

ADDRESS

ADDRESS

CITY

STATE

ZIP CODE

CITY

STATE

ZIP CODE

PHONE

PHONE

EMAIL

EMAIL

SIGNATURE

DATE

OFFICE USE ONLY		
Date Received	Staff Initials	<input type="checkbox"/> Approved <input type="checkbox"/> Denied
Reason for Denial:		