

**WASHINGTON DISTRICT LIBRARY**

**Meeting Room and Study Rooms**  
**Reservation Request Form**

**FOR WASHINGTON DISTRICT LIBRARY ADULT CARDHOLDERS ONLY**

Date of Meeting/Event: \_\_\_\_\_ Time Reserved: \_\_\_\_ to \_\_\_\_

Name of Organization: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Library Card Number: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City/State Zip

Phone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ Ext. \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Estimated Attendance: \_\_\_\_\_

Room Reserved: \_\_\_\_\_

Nature of Meeting/Event: \_\_\_\_\_

Equipment Needed (TV/VCR/DVD; Digital Projector; Audio System): \_\_\_\_\_

**Enclosed is a copy of the Washington District Library Meeting/Study Rooms Policy. I have read the Statement of Policy with regard to the meeting room and/or study room. Our organization will agree to follow the rules set forth by the Washington Library Board.**

Today's Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Please return application to: Washington District Library  
Attn: Meeting/Study Rooms Application  
380 N. Wilmor Rd.  
Washington, IL 61571  
Phone: (309) 444-2241

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For Library use only: Date of Application \_\_\_\_\_  
Confirmation \_\_\_\_\_  
Staff \_\_\_\_\_