



The Boyertown Community Library

24 North Reading Avenue, Boyertown, Pa 19512
(610) 369-0496 Fax (610) 369-0542

BCL MEETING ROOM RESERVATION REQUEST FORM

Requesting Organization _____

Contact Person _____ Title _____

Address _____

City _____ State _____ Zip _____

Phone _____ E-mail _____

Check one:

____ 501(c)(3) (\$50 proof of 501(c)(3) required) ____ other organization (\$100)

Mission Statement of Requesting Organization (attach organizational information as available):

Meeting Room Requested for:

Date _____

Arrival Time _____ Departure Time _____

Projected Number of Attendees _____

Purpose of Meeting:

If approval is granted, I agree that our group will fully abide by the rules and regulations stated in the library's current Meeting Room and Library Policies.

Signature

Date