GLOUCESTER COUNTY LIBRARY SYSTEM
(856) 223-6033 --- Fax: (856) 223-6039
E-Mail: gwilgus@gcls.org

MEETING ROOM RESERVATION FORM

Name of Organization _____

Address _____

Daytime Phone ( )_____ Evening Phone ( )_____

Fax Number ( )_____ E-Mail_____

Purpose of Meeting _____ Approximate Attendance_____

Clayton Branch

Check One: [ ] Meeting Room chairs only 40: with tables 20

Glassboro Branch

[ ] Meeting Room capacity 12

Greenwich Branch

[ ] Meeting Room #1 chairs only 45; with tables 30
[ ] Meeting Room #2 chairs only 80; with tables 50
[ ] Meeting Rooms #1 & 2 chairs only 125; with tables 80

Logan Branch

[ ]Meeting Room A – capacity 40 [ ] Meeting Room B – capacity 8

Mullica Hill Branch

[ ] Meeting Room A chairs only 60; with tables 40
[ ] Meeting Room B chairs only 75; with tables 45
[ ] Meeting Room A & B chairs only 135; with tables 85
[ ] Meeting Room C capacity 12

Swedesboro Branch

[ ] Meeting Room capacity 40

Meeting Date(s) _____ Reservation Begins _____
Include Set-up time, if needed

Meeting Begins _____ Reservation Ends _____
Include Clean-up time, if needed

Please list the equipment you would like to use at your meeting. See the attached Meeting Room Policy and Regulations for equipment that is available at each branch.

Equipment:_____

Do you plan to serve refreshments? Yes _____ No _____

Please Check All The Boxes Below:

[ ] I have read and will comply with the GCLS Meeting Room Policy and Guidelines.
[ ] I will leave the room clean and reset to the standard floor plan.
[ ] If the meeting is cancelled I will notify the library.
[ ] I understand that failure to comply with the library's policies may result in the loss of use of the meeting room.

Printed Name _____Date of Application _____

Signature of applicant and responsible person _____