

Camden-Jackson Township Public Library Community Room Application

Name of Organization: _____

Purpose of Organization: _____

Person Making Reservation

Name: _____

Address: _____

City, State, Zip Code: _____

Phone Number: _____

Reservation Date: _____

From the Hours of _____ to _____

Expected Attendance: _____

Key will be picked up by: _____

When key will be picked up: _____

Library Equipment Requested: _____

I, the undersigned, have received a copy of the Camden-Jackson Township Public Library Program Room Policy. As a responsible individual/representative of the organization making the application for use of the library program room, I agree to abide by these rules and policies.

Signed: _____ Date: _____

FOR LIBRARY USE ONLY

Approved by: _____ Date: _____

Room/Technology Deposit Paid Date: _____

Deposit Refund Date: _____

Comments:
