



Meeting Room Reservation

Name of Group/Person: _____ Expected Attendance: _____

Purpose of Meeting: _____

☐ Holder Meeting Room (25 people) ☐ Guthrie Smith Conference Room (8 people)

Meeting Date: _____ Time: _____

Will you serve refreshments or use the Holder Meeting Room kitchenette? ☐ Yes ☐ No

Is Audio Visual Equipment needed? ☐ Yes ☐ No

If yes, please specify: _____

Please Initial Items Below:

____ I have read and will comply with FCML's Meeting Room Policy.

____ I affirm that no attendance fee will be charged and the event is not being held for for-profit ventures or enterprises.

____ I will leave the room and furnishings clean and return tables and chairs to the room's initial set-up.

____ I will not imply or state that FCML is sponsoring, co-sponsoring, or endorsing the use of the room in any way.

Signature of Applicant: _____

Printed Name: _____ Primary Phone: _____

Mailing Address: _____ Secondary Phone: _____

____ Email: _____

Office Use Only

Date Form Completed: _____

☐ Phone ☐ Email ☐ In person

Staff Initials: _____