

**PIKE COUNTY PUBLIC LIBRARY
MEETING ROOM REQUEST FORM**

Organization Name _____

Contact Name _____

Contact Mailing Address _____

Contact Phone _____

Contact E-Mail _____

Purpose of Meeting _____

Requested Date(s) _____

Requested Time _____

Estimated Attendance _____

Equipment Request (Must be made in advance, and is subject to availability.)

_____ Coffee Maker

_____ Laptop

_____ Laptop Projector

_____ Screen