



Daniel Pierce Library

**Facility Use Request Form**

Please return completed form to Beth Wolpert, Library Director or email to [bwolpert@rcls.org](mailto:bwolpert@rcls.org)

Name of Organization/Individual: \_\_\_\_\_

Person Responsible (same as person signing below): \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Room to be Reserved:

Community Room \_\_\_\_\_

Community Room with Kitchen \_\_\_\_\_

Reading Room \_\_\_\_\_

Reading Room with Piano \_\_\_\_\_

Date Needed: \_\_\_\_\_

Times Needed: \_\_\_\_\_

Purpose of Event: \_\_\_\_\_

For Library Use Only:

Application \_\_\_\_\_ Approved \_\_\_\_\_ Denied

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Date Insurance documentation received: \_\_\_\_\_