LIBRARY USE RESERVATION FORM

miami-dade
public library system

Date Submitted: _____

Library Name/Location: _____

Requested by: ❑ Government/Educational Organization ❑ Nonprofit ❑ Individual ❑ For-profit

Applicant Name (contact name): _____

Library Card Number: _____

Organization Name:_____

Address:_____

Phone: _____ Email: _____

Date and Time Requested: _____

Title of Program/Event: _____

Description of Program/Event (attachments): _____

_____

_____

❑ Applicant acknowledges that this program/event will be free and no charges/fees will be solicited or collected from library patrons during the program/event.

Please visit our website for complete room use guidelines: www.mdpls.org/services/reserve.asp

MDPLS USE ONLY

❑ Approved: _____ /_____ Date: _____
Print Name/Signature

Room Location (eg. West Dade Regional, First Floor Auditorium): _____

Program/Event has been added to Evanced: ❑ Yes   ❑ No

Set-up needs (eg. AV Equipment):_____

_____

❑ Disapproved: _____ /_____ Date: _____
Print Name/Signature

❑ Requesting Multiple Locations (list other locations): _____

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