

**CommunityLibraryNetwork**  
KOOTENAI & SHOSHONE COUNTIES  
**We Empower Discovery**

**Post Falls Library**

821 N. Spokane Street, Post Falls, ID 83854

Attention: Meeting Room Reservations

Phone: 208-773-1506 | Fax: 208-773-1507 | MeetingRooms@CommunityLibrary.Net

**Instructions**

Complete this form, then email, mail or drop it by the library.

**Meeting Room Reservations**

Please read the Community Library Network Policy for Meeting Rooms before making any reservations. The meeting rooms are for non-commercial, no-profit use. All meetings will be open to the public at all times. No charges or cleaning deposit will be required for the use of the meeting room(s). However, if damage or soiling occurs to the room or furnishings during meeting, the organization will be billed the cost of cleaning and/ or damages. A library card is not necessary to check out rooms unless using the electronic white board.

Group name \_\_\_\_\_

Reservation date \_\_\_\_\_

Begin time \_\_\_\_\_

End time \_\_\_\_\_

Group representative \_\_\_\_\_

Phone number ( \_\_\_\_\_ ) \_\_\_\_\_

Email \_\_\_\_\_

Address \_\_\_\_\_

Library card number \_\_\_\_\_

Event purpose \_\_\_\_\_ Number attending \_\_\_\_\_

Equipment (no charge)

White board

TV (the group must supply a laptop and a HDMI cable)

Electronic white board (Workroom room only; must have a library card)

**Rooms** (Note: All meetings must end within 15 minutes of library closing time.)

Meeting Room 1 (Maximum of 40 people)

Room setup: classroom

Meeting Room 2 (Maximum of 40 people)

Room setup: square

Bo Both rooms (Maximum of 90 people)

Room setup: requires a \$25 set up fee, paid in advance

(M The Workroom (Maximum of 10 people)

Technology packet available with library card

I understand the room reservation will not be made until this form and setup fee (both rooms option) have been received.

I have read the [Meeting Room Policy](#) and the Group/Organization I represent agrees to comply. I understand failure to comply with the rules may result in the expulsion and denial of future meeting room use.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Librarian's initials \_\_\_\_\_

Submitting this document by email constitutes a signature. Mail or present this form with the setup fee (both rooms option only) to the address above; make checks payable to: Community Library Network