

For Library Use:  
Reserve Date \_\_\_\_\_ Time \_\_\_\_\_ Reservation Name \_\_\_\_\_ Scheduled Date \_\_\_\_\_

# Community Library Network<sup>®</sup>

KOOTENAI & SHOSHONE COUNTIES

Post Falls Library  
821 N. Spokane Street, Post Falls, ID 83854  
Attention: Meeting Room Reservations  
Phone: 208-773-1506 | MeetingRooms@CommunityLibrary.Net

**Instructions:** Complete this form, save, and drop it in the mail or return by email to MeetingRooms@CommunityLibrary.Net.

## Meeting Room Reservations

Read the Community Library [Policy for Meeting Rooms](#) before making any reservations. The meeting rooms are for non-commercial, no-profit use, and must be open to the public. No charges or cleaning deposit is required unless damage occurs, then the organization will be billed the cost of cleaning and/or damages.

Name of group or organization \_\_\_\_\_

Date of reservation(mm/dd/yy) \_\_\_\_\_

Begin time(hh:mm am pm) \_\_\_\_\_ End time: \_\_\_\_\_

Group's representative \_\_\_\_\_

Phone number(XXX.XXX.XXXX) \_\_\_\_\_

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

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

Purpose of the event: \_\_\_\_\_

Number of people attending: \_\_\_\_\_

Equipment (no charge):  White board  TV, DVD, VCR

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

- |  |  |
|--|--|
| <input type="checkbox"/> Meeting Room 1 (Maximum of 40)  | Room Setup: Classroom                        |
| <input type="checkbox"/> Meeting Room 2 (Maximum of 40)  | Room Setup: Square table                     |
| <input type="checkbox"/> Both Rooms (Maximum of 90)      | Room Setup: Advanced \$25 setup fee required |
| <input type="checkbox"/> Discussion Room (Maximum of 12) |  |

- I understand the room reservation will not be made until this form and setup fee (for "Both Rooms" option) has 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. If a set up fee is required, make check to: Community Library Network

