

Lewiston Public Library

305 South 8th Street

Lewiston, NY 14092

Phone: 754-4720 Fax 754-7386

www.lewistonpubliclibrary.org

Community Room Reservation Form

Organization: _____

Purpose of Meeting: _____

Date of Use: _____ Time: _____ To: _____

Estimated No. Attending: _____

Check Equipment Needed

Digital Projector _____

DVD Player _____

82" Screen _____

I, the undersigned, have read and understand the Regulations of Use of the Community Room.

Applicant's Name: _____

Phone Number: _____

Signature: _____ Date: _____

For Library Use Only

Approved By: _____ Date: _____