

Meeting Room Request Form

Organization _____

Address _____

City _____ State _____ Zip _____

Contact _____ Phone _____ Email _____

Purpose of Meeting _____

Meeting Room Location

☐ Berlin

☐ Ocean Pines (Conference Room)

☐ Pocomoke

☐ Ocean City

☐ Ocean Pines (Large Room)

☐ Snow Hill

Requested Date (s)	Date	Day	Times
*Please include set-up and break-down time.	_____		

Equipment Requested (Projectors available at all branches. For other equipment, contact the branch directly.)

After Hours

*If approved for an after-hours event, the responsible party must pick up key during operating hours

Responsible Party - Key Pick-up Name _____

Initials _____ Staff Initials _____ Date _____

Have you read the meeting room policy? Initials _____

Is a signed copy on file? Staff Initials _____

No Fundraising, Selling, Gambling, or Private/Social Functions, e.g. Birthday Parties

Signature _____ **Staff Initials** _____

Return this form, with a signed copy of the Meeting Room Policy, to make your reservation.