

# Meeting Room Request Form

Organization \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Purpose of Meeting \_\_\_\_\_

Expected Number of Attendees \_\_\_\_\_

## 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<br>set-up and<br>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.