Bibliothèque Allard Regional Library Registration form for Multi-purpose Room Use

Verified Library Patron Membership	Staff initials
Date:	
Name of Registrant:	
Address:	
Phone Number:	
Name of Organization:	
Address of Organization:	
Date & Hours of meeting:	
Purpose & brief outline of meeting:	
MP room rental fee collected (if applicable)	Staff initials
Projector rental fee collected (if applicable)	Staff initials
***************	************
I have read the Bibliothèque Allard Regional Library Regulations and I agree to abide by those rules and redamages to the Library equipment, furniture, and/or the room.	regulations and to be responsible for
Signed:	
Received & scheduled by Library staff member:	Date: