

Meeting Space Request Form

Dr. Hector P. Garcia Memorial Library

Group Name: _____

Purpose of Group/Organization: _____

- I am at least 18 years old. *
- I understand all food, drinks, & trash must be removed from the space by the close of the meeting.
- I understand my group will not be allowed into the room until my reservation start time begins.
- I understand my group must vacate the room/space 15 minutes prior to the library closing and/or at the time that the meeting is supposed to end, or additional charges will be given for running over the allocated time.
- I will let staff know when I am done with the space.

Name of Representative: _____ Phone: _____

Email: _____ Expected Attendance: _____

Alternate Contact Name: _____ Alt. Phone: _____

Alternate Email: _____

Reservations for the Texas/Program Room may be made up to 7 days in advance for 4 hours at time.
Reservations for Pods may be made up to 3 days in advance for 2 hours at time.
Rooms cannot be booked for days or times when the library is not open to the public.

Date Requesting: _____ Start Time: _____ End Time: _____

Indicate the Space Requesting: _____

Signature: _____ Date: _____

Print Name: _____

My signature above indicates that I agree to ensure that my organization will abide by the policies of the library with regard to meeting space use.

For Office Staff Use

Space: Pod 1 | Pod 2 | Texas Room | Program Room |

Non-Profit Fee: _____ Standard Fee: _____ Paid: _____

Notes: _____ Staff Initials: _____

* Under 18 must provide parents as alternate contact name Staff Printed Name: _____