



SKY ROOM RESERVATION FORM

Organization Name: _____

Address: _____

Phone: _____ Fax: _____

Purpose of Room Rental: _____

Date needed: _____ Time needed from: _____ to _____

Contact Person: _____ Home Phone: _____

Alternate Contact: _____ Phone: _____

My signature on this page indicates that I have read, understand and agreed to the terms and conditions as they are stated in the Moon Township Public Library Sky Room Use Policy.

Signature of Applicant: _____

Printed Name of Applicant: _____

Date of Application: _____