

**BAY COUNTY LIBRARY SYSTEM
STUDY ROOM RESERVATION FORM**

NAME OF GROUP (OR NAMES OF INDIVIDUALS): _____

ROOM BEING BOOKED: _____ NUMBER OF PEOPLE USING THE ROOM: _____

DATE(S) OF USE: _____

START TIME(S): _____ FINISH TIME(S): _____

PERSON BOOKING THE ROOM: _____

ADDRESS: _____ PHONE: _____

APPROVED BY: _____ DATE: _____

I HAVE READ AND AM FAMILIAR WITH THE RULES AND REGULATIONS RELATING TO THE USE OF THE STUDY ROOMS OF THE BAY COUNTY LIBRARY SYSTEM. I HEREBY ACCEPT RESPONSIBILITY FOR THE USE OF THE ABOVE ROOM ON THE DATES AND TIMES LISTED.

SIGNATURE DATE

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