

RESERVATION

COMMUNITY ROOM RESERVATION

Please submit this completed form and payment:

- **Cash** (payable at front desk)
- **Check** (payable to Sheridan Public Library)
front desk or mail to: 103 W 1ST ST. SHERIDAN, IN 46069
- **Credit/debit** card payment may be made over the phone

Contact Name: _____

Organization Name: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Phone: _____ **Email:** _____

Event Description: _____

Requested event date & time: _____

I have read and understand the rules and guidelines associated with use of the Community Room at the Sheridan Public Library.

_____ **Date:** _____

(Signature)

(Refunds – if applicable – will be made upon request & may take up to 3 business days)

*If non-profit organization payment may be waived