

# 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