



Community Room Application

West Plains Public Library

750 W. Broadway

West Plains, Mo. 65775

Phone: (417) 256-4775 Fax: (417) 256-8316

Organization/ Business: _____

Event Type: Wedding Shower / Reception Birthday Party

Meeting Other: _____

Number of people expected to attend: _____

Contact Information: Name: _____

Address: _____

Phone: _____

Event Date: _____

Event Time: _____

(Please include time for set-up and take down)

Library Equipment Needed: (please check all that apply)

Projector / Screen: Internet Connection: DVD / Blu-Ray Player:

Kitchen: Additional Tables & Chairs: Audio Equipment:

Fees: # of hours _____ @ \$10 /hour _____

A refundable deposit of \$100 will be required with reservation if food is to be served. Deposit will be refunded upon inspection of the room.

Deposit: Cash \$ _____ Check: # _____ Deposit returned by: _____