



CALEDONIA LIBRARY ASSOCIATION
3108 Main Street • Caledonia, NY 14423 • 585.538.4512 • caledonialibrary.org

COMMUNITY ROOM APPLICATION FORM

Name of Organization/Group _____

Meeting Purpose _____

Contact Person _____

Full Mailing Address _____

Phone _____ E-Mail _____

Day & Date of Event _____

Number of Participants Expected _____

Start Time _____ End Time _____

*Room may be reserved for a maximum of two (2) hours,
and can only be extended by approval from the Director.*

I have received and agree to the Caledonia Library Community Room Policy.

Signature _____

Date _____

For Library Staff Only

Staff Initials _____ Date _____

Director's Initials _____ Date Approved by Director _____

Extended use approval _____ Director's Initials _____