

Worthington Jefferson Township Public Library  
Meeting Room Reservation Form

Group or Organization Name \_\_\_\_\_

Contact Person

\_\_\_\_\_

Address

\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Number Work Phone Number \_\_\_\_\_

Purpose / Function of Group \_\_\_\_\_

\_\_\_\_\_

Date(s) requested \_\_\_\_\_

Time(s) requested

\_\_\_\_\_

Date Filed \_\_\_\_\_ By

\_\_\_\_\_

Date Approved \_\_\_\_\_ By \_\_\_\_\_