



100 East Washington Street
Burnet, TX 78611
512-715-5228
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GOODRICH MEETING ROOM RESERVATION REQUEST FORM
Please check availability of projection equipment.

Organization Name _____

Mailing Address _____ City _____ State _____ Zip _____

Approximate number of attendees (Seats 60) _____

Meeting Date(s) _____ **Time:** _____

Times with set up & clean up: _____ - _____

Meeting Purpose: _____

Contact Person _____ Position w/Organization _____

Email _____ Phone (____) _____

Contact Person _____ Position w/Organization _____

Email _____ Phone (____) _____

Key Check-Out

Only the above-named individuals will be able to sign out a key for events held outside of Library Business hours.

_____ **Initial** I/We are aware that the library publicizes information about groups in library calendars, promotions and articles in public media (including print, digital and e-formats).

_____ **Initial** if we have your permission to provide your name and phone number/email to persons requesting more information about your group.

_____ Date _____

Signature of person responsible*

*You and your group have read the Burnet County Library System Meeting Room Policy, fully understand and agree to the provisions and limitations as stated in the Policy and accept responsibility for securing the building.

Accepted by: _____ Employee initials

Updated 1/20/2023