

St. Joseph/ Maud Preston Palenske Memorial Library  
500 Market Street St. Joseph 49085

TODAY'S DATE

\_\_\_\_\_  
Group name:

**CONTACT PERSON**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Email: \_\_\_\_\_

**MEETING INFORMATION**

Date (s): \_\_\_\_\_

Start and End Time: \_\_\_\_\_

Number attending (est.): \_\_\_\_\_

Special equipment needed: \_\_\_\_\_

Room preference:  Norris Room - up  Gallery  
 Felland Auditorium- down  Other

**Meetings conform to the St. Joseph Library's Facilities Use Policy**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

Office Use Only  
Date Checked: \_\_\_\_\_ OK: \_\_\_\_\_

Attention: Sue Morgan

P: 269-983-7167

F:269-775-5755