



LIBRARIES LEABHARLANNA

CORK CITY COUNCIL | COMHAIRLE CATHRACH CHORCAÍ

BOOKING REQUEST

LIBRARY MEETING ROOM

Name of Group -----

Approx number of members

Nature of meeting Discussion Work shop Class /Learning group

Requirements Chairs only Tables and chairs Projector / screen

Screen Flip chart Internet access

Other requirements -----

Booking dates

Day of the week &	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Time required Start and finishing time						
Weekly/fortnightly/ weekly						
Start date –month (Eg 2 nd Monday in January)						

Contact Person 1

Name -----

Address -----

Email / Telephone -----

Contact Person 2

Name -----

Address -----

Email / Telephone -----

The Form must be completed in full and submitted to the Librarian in charge before any official confirmation is given.

I have read and agree to abide by the Use of Space policy document

Signed -----