

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: _____ ext # _____ Fax: _____

Cell phone: _____ Email: _____

MEETING INFORMATION

Date (s): _____

Start and End Time: _____ to _____

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: 269-983-5804