

Date: _____

Time: _____



Staff: _____

Scheduled: _____

Meeting Room Application

Primary Contact Name: _____ Phone: _____

Group Name: _____ Phone: _____

Address: _____

Policy emailed Policy given

E-mail: _____ Copy of Photo ID: _____

Date Needed: _____ Actual Meeting Starts at: _____ Need Room From: _____
(include setup & clean up time)

Area Requesting:

Meeting Room (25 Max) _____ Nook (5 Max) _____ Adult Area (99 Max) _____

Description of event: _____

Equipment needed (i.e. tables, chairs, highlighters, HDMI cable, TV, etc.):

Fees:		
_____ Normal Business hours	Nonprofit	FREE
_____ Normal Business hours	Profit	\$10 per hour (or any part of an hour) _____
_____ After Hours	Nonprofit & Profit	\$30 per hour (or any part of an hour) _____

Total Due: _____

Liability: In consideration of the use of the Library Meeting room areas, the user agrees that:

1. User will pay for any damages to the room or contents.
2. User agrees to comply with all the terms of use.
3. User will not imply any liability imposed upon them to the Library for any injury to person or property to connection with their meeting.

I have read the Meeting Room Policy and agree to comply with the terms of use. I understand that I assume responsibility for any damages to the room and contents.

Signature of Primary applicant: _____ Date: _____

Library Staff Only:

Approved: _____ Denied: _____ Called: _____ Photo ID: _____ Paid: _____

Staff Member Assigned: _____ Stipend: _____ Room Condition: _____