

COMMUNITY ROOM APPLICATION

Applicant/Organization _____

Program Description/Meeting _____

Reservation Details:

Date _____ Time _____ am/pm to _____ am/pm

Expected Attendance: # Adults ____ # Young Adults ____ # Children ____

Authorized representative completing the application:

Name _____ Title _____

Address _____

_____ Telephone _____

E-mail Address _____

Please attach - Certificate of Insurance, 501(c)3 attach copy of Certificate

Do you require room set up/break down? (\$25 fee)

Yes Boardroom ____ U-Shape ____ Classroom ____ Theatre ____
Other ____ (please attach)

No Party responsible for set up, break down and cleanup.

Do you require use of the audio/visual system?

Yes Please contact Jenny Kolesar at ext. 311.

No

Agreement

I hereby apply for use of meeting room space as specified above and agree to the policies, procedures, and regulations and requirements as set forth in The Community Room Policy, which are incorporated herein by reference, and a copy of which I acknowledge that I have received, read, and understand and expressly agree to.

For the Applicant/Organization

For the Library

Signature

Signature

Print Name & Title

Print Name & Title

Date

Date

Fee _____ Received _____