

Charge: _____ \$50.00

Spring Lake District Library Meeting Room Reservation

(Please allow 30 minutes for set-up)

Date of Meeting: _____ Time: from _____ to _____

_____ Program Room 1 _____ Program Room 2 _____ Warner & Julia Baird Program Room
(includes rooms 1 and 2)

_____ Local History Room _____ Technology Lab

Meeting rooms must be vacated prior to library closing.

Name of Organization: _____

Contact Person: Name: _____

Phone: _____

E mail: _____

First time user? _____ Yes _____ No

Nature and Purpose of Meeting:

Expected Attendance: _____

NOTE: I understand that my organization is financially responsible for the repair of damage to rooms, furnishings and the repair or replacement of any of the rooms' equipment that is damaged or missing following this session. I also understand that my organization is responsible to clean up according to the attached checklist.

I hereby apply for use of the library's meeting room and agree to abide by the policies furnished to me. The Community Services Librarian must receive any notice of cancellation within two working days prior to the meeting or the organization will be charged a \$25.00 cancellation fee. Organizations will be charged \$50.00 for each hour or partial hour of time that the staff is required to either open and/or close the library.

Date

Signature

FOR OFFICE USE ONLY

Authorized By: _____

Special Instructions _____

Staff Report:

Room was left in: _____ satisfactory condition _____ unsatisfactory condition

Explanation/initials: _____

Damaged Items:

Missing Items:

Time room opened: _____

Time room closed: _____