



MEETING ROOM REQUEST/CONTRACT

Today's Date _____

Group/Individual Name _____

Contact Name _____

Contact Address _____

Contact Phone _____ email _____

Library Card Number (Required) _____

Date Requested _____ Time Requested _____

Description of meeting _____

Is the organization: For Profit (\$50.00 Fee) _____ Non-profit (\$25.00 Fee) _____

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- Community room reservations must include the time needed for setting up and cleaning up. The group will not be given access to the room before the time requested. If another group is scheduled the same day, the room must be cleaned and cleared before the next group's start time.
 - Group contact is responsible for signing out a key if meeting is scheduled after library closing time. (Monday-Thursday 10:00 a.m.–6:00 p.m. Friday 10:00 a.m.–5:00 p.m., Saturday 10:00 a.m. – 2:00 p.m.)

Library Use Only

Group/Individual Approved _____ Not approved _____ Room Fee Charge Applied _____