



**VIII. Meeting Room Use Application**

Please fill out this form completely. Missing information may cause delays in scheduling. Scheduling requests should be made at least *two weeks* in advance, but will *not* be accepted more than *six months* in advance of the requested date(s).

Your request is not scheduled until you receive confirmation from the library. Typically, this will occur immediately; however, applications that do not clearly fit within the usage policy will be referred to the Library Director or his/her designee for further consideration. In such cases, no group or organization shall consider a meeting room booked until its Responsible Party is contacted by the Library Director or his/her designee.

Organization Name \_\_\_\_\_

Responsible Party's Name \_\_\_\_\_

Responsible Party's McIver's Grant Public Library Card #: \_\_\_\_\_

Address \_\_\_\_\_ City/ST/ZIP \_\_\_\_\_

Phone: (day) \_\_\_\_\_ (evening) \_\_\_\_\_ (cell) \_\_\_\_\_

FAX: \_\_\_\_\_ E-mail: \_\_\_\_\_

Date(s) and Time(s) of Meeting(s): \_\_\_\_\_

Approximate/Anticipated Attendance: \_\_\_\_\_

Room Preference (circle one)\*: *Community Room* | *Conference Room*

\* See Section III for detailed description of each meeting room.

Rental Fees, if applicable\*: \_\_\_\_\_

\* Sect. VI, A: there is no rental fee for use of the Conference Room. The Rental Fee to for-profit organizations for use of the Community Room is \$100 (for less than 4 hours' use) or \$200 (for 4 or more hours) and is due and payable on the day of the event. Exempt: non-profit groups, businesses that contribute more than \$2,000 per year to the Foundation, current library board members, and current Friends of the Library.

Tables, Chairs, Equipment Needed \_\_\_\_\_

Will the library's audio-visual equipment be needed? (circle one)\*: *Yes* | *No*

\* If "yes", please refer to Section V, J regarding use of the Community Room's A/V equipment and sign and submit the Community Room Equipment Contract (Section IX) along with this application form.

Purpose of Meeting \_\_\_\_\_

***I have read, understand, and accept the Meeting Room Use Policy. Signing the Meeting Room Use Application also consents my agreement that as the signee I am responsible to pay the library all monetary compensation due to damage, additional custodial services, or any other billable reason stated in this policy.***

Signature of Responsible Party: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

-----  
Library Use Only: Meeting Date and Time \_\_\_\_\_  
Library Staff Approval (initials) \_\_\_\_\_ Date \_\_\_\_\_