

George S. Hale Community Room Application

Please Print

Group or Organization Name _____

Nature/Purpose of Meeting _____

Estimated Attendance: _____ Adults _____ Children (1 adult over 25 required for every 10 children)

Dates Requested: _____

Reservation Time: Start _____ End _____

Please check all that apply.

				<u>Cost</u>
Group A:	Usage fee covers three months (\$25)	Start date _____	End date _____	_____
Group B:	Half Day (\$50)	_____	Full Day (\$100)	_____

Will you be using the kitchen? (\$25 nonrefundable fee) _____

Will you be using our Audio/Visual System? (\$50 nonrefundable fee) _____

Audio/Visual System includes: LCD Projector/Screen Podium/Lectern
Television/DVD/VCR Computer Connection Audio System/Microphone

TOTAL _____

Paid ____ check # ____ or cash _____

In case of after-hours meetings, the keys may be picked up earlier the same day or the day before. No keys may be duplicated. Lost keys will result in additional charges for changing locks.

I have read the attached community room use policy and this form and agree to abide by the conditions and rules set forth. I accept full responsibility for any and all damages to the community room and/or the contents thereof.

Applicant One

Additional Key Recipients

Printed Name

Library Card #

Printed Name

Printed Name

Complete Mailing Address

Printed Name

Home phone/Cell phone/Work phone

Printed Name

Signature

Printed Name

Staff use only

Date Application Received _____ Application Received by _____ Application Approved by _____