

MEETING ROOM CONTRACT

Complete and submit this request to the Library. (See attached policy regarding usage guidelines and procedures of the Cooper-Clark Meeting Room.)

* Required

* Today's Date _____ * Meeting Room Desired _____

* Date(s) & Time (s) facility desired _____

Ending time may not be after the library closing hours. See guidelines for library hours.

* First Name _____ * Last Name _____

Email _____ * Phone _____

Organization requesting use of the facility and equipment _____

Type of Activity _____

Is food to be served? _____ Yes _____ No

Will you need any of the following audiovisual equipment?

_____ Projection screen _____ TV/VCR
_____ TV/DVD _____ Multimedia projector

Expected Attendance: _____ Adults _____ Minors

Do you wish to be listed on the Calendar of Events page of the Library website? Yes or No

If yes, what information do you want to be listed? _____

Additional information or special request _____

It is hereby agreed and understood that all approved applications for use of library facilities and/or equipment shall be subject to the conditions of the policy attached to this application. The person signing application accepts responsibility for adherence to meeting room policies and procedures, as well as any damages to facility.

* Signature