



Application for Use of Meeting Rooms

Date of Application: _____

Organization: _____

Representative: _____ Title: _____

Other acceptable organization representatives:

Address: _____ City _____ State _____ ZIP: _____

Phone: _____ Email: _____

Library Card Barcode # _____

Purpose of use: _____

Date(s) requested: _____ Start time(s): _____ End time(s): _____

Expected number of participants: _____

Equipment needed:

- _____ Chairs (number of each) _____ Tables (number of each)
- _____ Projector / Screen _____ Laptop
- _____ Blu-ray / DVD player

Additional Services, Fees May Be Applicable:

- _____ Sound System (\$30)
- _____ Library staff needed at after-hours meeting (\$25/Hour charge)

Please read and sign below:

I, as a representative of my organization, will be responsible for replacement or repair of damage to the room, furniture, building, or equipment of the Big Rapids Community Library. I also understand that I am responsible for set-up and clean-up of any areas used by my organization within the scheduled time frame. I agree to return all equipment and room set-up to its original location.

Signed: _____ Date: _____

<u>Staff Use Only</u>
Received by: _____
_____ Literacy Room
_____ Meeting Room
Patron account in good standing Y / N
Approved / Not Approved
Reason for not approving

All fees must be paid at the time the room is scheduled.