

APPENDIX E

Meeting Room Reservation and Agreement Form

Patron's Name: _____ Today's Date: _____

Telephone: _____ Email: _____

Mailing Address: _____

Organization: _____

Description of Program to be held: _____

Room requested: _____ Anticipated attendance: _____

Date Requested: _____ Time Requested: _____

*Include at least 1 hour for set-up and 1 hour for clean-up.

	Library/Town or Library/Town Sponsored Use	Community Service Use	Private or Business Resident	Private or Business Non- Resident	Kitchenette	Damage Deposit
David Belk Cannon Auditorium	No Charge	No Charge	\$200 per 4-hour block *	\$300 per 4-hour block *	\$30	\$100
Monk Family Conference Room	No Charge	No Charge	\$50 per 2-hour block *	\$75 per 2-hour block *		\$50

Total Fees: _____ **Date fees must be paid in full:** _____

Do you need use of the computer/projector in the Auditorium? Yes No N/A

Do you need use of the HDMI cable for the Conference Room? Yes No N/A

Has the patron been given a tutorial on their requested equipment? Yes No N/A

Has the patron reviewed the Meeting Room Use Policy? Yes No

Has Staff reviewed the Guidelines for Auditorium Use and you a copy? Yes No

Does patron need a key card (after-hours, auditorium use only): Yes No

Date Patron will pick-up key card: _____

Time Key Card will be active: _____

Patron's signature: _____ Date: _____

Staff signature: _____ Date: _____

For Staff Use

Total of fees collected (if applicable): _____ Date collected: _____

Staff signature: _____ Director signature: _____

On-Going Usage

Ongoing Usage Date(s) and Time(s):

_____	_____
_____	_____
_____	_____

NOTES: _____
