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.

<table>
<thead>
<tr>
<th>Library/Town or Library/Town Sponsored Use</th>
<th>Community Service Use</th>
<th>Private or Business Resident</th>
<th>Private or Business Non-Resident</th>
<th>Kitchenette</th>
<th>Damage Deposit</th>
</tr>
</thead>
<tbody>
<tr>
<td>David Belk Cannon Auditorium</td>
<td>No Charge</td>
<td>No Charge</td>
<td>$200 per 4-hour block *</td>
<td>$30</td>
<td>$100</td>
</tr>
<tr>
<td>Monk Family Conference Room</td>
<td>No Charge</td>
<td>No Charge</td>
<td>$50 per 2-hour block *</td>
<td>$75 per 2-hour block *</td>
<td>$50</td>
</tr>
</tbody>
</table>

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: ______________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________