

Frank Sarris Public Library Community Meeting Room Application

Event Information

Name of Event:	Date of Event:
Times of Event: (3 hour increments)	Room(s) Requested:

Anticipated Attendance:

Additional Items Requested and Room Set-up

Kitchenette (\$25 fee)		
Laptop		
Projector		
Chairs		
Tables	Rectangle:	Round:

Contact Information

Name:	
Address:	
Phone:	Email:

- I have read and agree to the "Room Usage Policy at Frank Sarris Public Library"
- I accept full financial responsibility for the related charges as outlined by the policy
- I understand I must cancel 7 days in advance of the event or forfeit my room rental donation

Signature:	Date:
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Note: For fee waiver requests (Non-Profit Organizations within the Canon-McMillan School District meeting once a month), please attach 501(c)(3) information and tax exempt number.

For Office Use Only

Room Fee Total	Paid	Tax Exempt
\$100 Deposit Check	Deposit Returned	
Library Director Approval	Date:	