

## Frank Sarris Public Library Meeting Room Application

### Event Information

Name of Event:	Date of Event:
Room(s) Requested:	Anticipated Attendance:
Room Rental Time*:	Actual Start Time of Event:

\*Your Room rental time must include the total time you need access to the room – including setup and tear down.

### Additional Items Requested

Kitchenette (\$25 fee)	Must be rented in conjunction with Meeting Room #1
Projector	
Lectern	

\*\*Rooms are rented as empty spaces with tables and chairs provided – you are responsible for setup and tear down.

### 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
-----------	------

**Note: For fee waiver requests that have been approved by the Director please attach 501(c)3 information and tax exempt number.**

**Note: For room rentals other than for personal use, attach a certificate of comprehensive general liability insurance as required per the Meeting room Policy.**

### For Office Use Only

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