

## Frank Sarris Public Library Community Room Rental Application

### Event Information

Name of Event:	Date of Event:
Times of Event:	Room(s) Requested:

Anticipated Attendance:

### Additional Items Requested and Room Set-up

Projector		
Chairs		
Tables	Rectangle:	Round:
Room Set-up	Yes <input type="checkbox"/> No: <input type="checkbox"/>	Fee negotiated at time of rental:

### Contact Information

Name:	
Address:	
Phone:	Email:

- I have read and agree to the "Frank Sarris Public Library Room Usage Policy"
- 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.**

**Note: For room rentals, 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: