

Frank Sarris Public Library 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: |
|------------|-------|

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: |