



# Big Rapids Community Library

Application for Use of Meeting Rooms      Date: \_\_\_\_\_

*Any reservation must be made at least 1 week before the room reservation date.*

Name/Organization: \_\_\_\_\_

Representative: \_\_\_\_\_ Title: \_\_\_\_\_

Other acceptable organization representatives: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Library Card # \_\_\_\_\_

Purpose of use: \_\_\_\_\_

Date(s) requested: \_\_\_\_\_ Start time(s): \_\_\_\_\_ End time(s): \_\_\_\_\_

Expected number of participants: \_\_\_\_\_

**Equipment needed:**

\_\_\_\_\_ Chairs (number of each)      \_\_\_\_\_ Tables (number of each)

\_\_\_\_\_ Projector / Screen      \_\_\_\_\_ Laptop

\_\_\_\_\_ Blu-ray / DVD player

**Additional Services and Fees May Be Applicable:**

\_\_\_\_\_ Sound System (\$30)

\_\_\_\_\_ Library staff needed at after-hours meeting

(\$25/Hour charge)

*Please read and sign below:*

*I will be responsible for replacing or repairing damage to the room, furniture, building, or equipment of the Big Rapids Community Library. I also understand that I am responsible for setting up and cleaning any areas used within the scheduled time frame. I agree to return all equipment and room set-up to its original location.*

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Staff Use Only**

Received by: \_\_\_\_\_

\_\_\_\_\_ Literacy Room (6-8 people)

\_\_\_\_\_ Meeting Room (under 50 people)

Patron account in good standing: Y / N

**APPROVED**       **NOT APPROVED**

Reason Not Approved:

\_\_\_\_\_

**ALL FEES** must be paid at the time the room is reserved. **No refunds.**