EVENT RESERVATION FORM

Event: ____________________________________________  Today’s Date ____________
Contact person: ______________________________________
Phone number: ________________________________________
E-mail address: ________________________________________
Estimated attendance count _____________ (max. capacity 68)

Event Date: ___________ Event start time_________ Event finish time_________ Total hours _______

FEES:
Non-profit Resident (attach a copy of Non-Profit Status) $35.00 per hour ______
Non-Profit Non-Resident (attach a copy of Non-Profit Status) $50.00 per hour ______
Private/For Profit Resident $75.00 per hour ______
Private/For Profit Non-Resident $100.00 per hour ______
Room set-up or breakdown $35.00 ______
Yes_____ No_______ (cost is per set-up or breakdown)
Library after hours fee $40.00 per hour ______
Refundable deposit/Cleaning Fee (separate check required) $100.00 ______

Equipment:
Projector-----------------------------------------------------------------------------------------------$15.00 ______
Santa Chair-----------------------------------------------------------------------------------------------$25.00 ______

No Charge: Please indicate the number of chairs and tables below.
2 flags (American and State Flag) ______
Kitchenette ______
(68)Chairs: _______ (15, 8ft.) Tables: ______
1 Lectern ______
Sound System ______

Total Due: _______
Deposit Check: $100.00

Comments:
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________

By signing the application, I am deemed an official representative of the group, and liable for any damage to the library and facilities, or any financial responsibility.

X_________________________  ____________________  ______________
Signature              Print Name                Date