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  X ______

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