

George S. Hale Community Room Application

Please Print

Group or Organization Name _____

Nature/Purpose of Meeting _____

Estimated Attendance: _____ Adults _____ Children (1 adult over age 25 required for every 10 children)

Date(s) Requested:

Reservation Time: Start _____ End _____

Please check all that apply.

			<u>Cost</u>
Group A:	Half Day (\$25) _____	Full Day (\$50) _____	_____
Group B:	Half Day (\$50) _____	Full Day (\$100) _____	_____

(Charges include use of kitchen and the Library's Audio/Visual Systems. A description of what each includes is listed in the George S. Hale Community Room Policy)

TOTAL _____

Paid _____ check # _____ or cash _____

In case of after-hours meetings, the keys may be picked up earlier the same day or the day before. No keys may be duplicated. Lost keys will result in additional charges for changing locks.

I have read the attached community room use policy and this form and agree to abide by the conditions and rules set forth. I accept full responsibility for any and all damages to the community room and/or the contents thereof.

Applicant One

Second Key Recipient

Printed Name

Library Card #

Printed Name

Library Card #

Complete Mailing Address

Complete Mailing Address

Home phone/Cell phone/Work phone

Home phone/Cell phone/Work phone

Signature

Signature

Staff use only

Date Application Received _____ Application Received by _____ Application Approved by _____