

# 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 \_\_\_\_\_

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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 \_\_\_\_\_