

# 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 \_\_\_\_\_

**All applicants must be out of the Community Room by 10:00 pm.**

Please check all that apply.

Group A: Half Day (\$40) \_\_\_\_\_ Full Day (\$75) \_\_\_\_\_ Deposit per application (\$30) \_\_\_\_\_

Group B: Half Day (\$65) \_\_\_\_\_ Full Day (\$120) \_\_\_\_\_ Deposit per application (\$30) \_\_\_\_\_

(Charges include use of kitchen and the Library's Audio/Visual Systems)

TOTAL COST \_\_\_\_\_

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. Children will be supervised and all guest and activities will be confined to the community room space.**

**Applicant #1**

**Applicant #2**

Printed Name \_\_\_\_\_  
Library Card # \_\_\_\_\_

Printed Name \_\_\_\_\_

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 \_\_\_\_\_