

MEETING ROOM 2 USAGE AGREEMENT

Date(s) of Use (including setup/cleanup): _____ Time: _____ am/pm To: _____ am/pm

Group: _____

Group Leader/Contact Name: _____

Address: _____ City/Zip: _____

Daytime Phone: _____ Evening Phone: _____

Type of Activity: _____

Is this a party (birthday, anniversary, shower, etc.)? no yes **If yes, \$15 fee is due upon reservation** Paid by cash check

Estimated number of people to attend: _____

Please read and initial each of the following statements. By initialing you indicate that you have read, understand and agree to each one.	
	<ul style="list-style-type: none">• If serving snacks or doing crafts, cover tables and use the chairs without cloth coverings.• Do not use tape on walls.• No permanent markers or paints, no glitter allowed.
	Library policy: <ul style="list-style-type: none">• Prohibits alcohol, tobacco/vaping products and controlled substances on library property.• Prohibits inflatables (for example: no bouncy houses are allowed in meeting room spaces).
	I understand that I am responsible to: <ul style="list-style-type: none">• Return room to original set-up and wipe down counters and/or tables/chairs• Check bathrooms are picked up and toilets flushed. All trash should be placed in garbage cans.
	I understand that the Library itself is off limits except during library hours.
	Any advance publicity of the meeting will not refer to the LME Library, except as a location of the meeting.

I, the undersigned, agree to use the facilities and furnishings of the Lillie M. Evans Library with care. I understand that by requesting the use of this facility, I am accepting financial responsibility for any damages or losses that occur during the time specified in the agreement and attributed to the above group, for example; walls marred or carpet stained. I have received and understand the policies governing use of the library meeting room. I accept responsibility to see that the group I represent abides by the established rules.

_____ Date: _____
(Resident of the Lillie M. Evans Library District signature)

Resident's Library Card # (required): _____

Reservation accepted by: _____ Date: _____

Special Requirements* (The library may not be able to provide setup when multiple meetings are scheduled or when staff is unavailable):

- # Chairs: _____ # Tables: _____ High Chair/Rocker? No Special Setup
 Other:

**please draw or note table/chair arrangement (attach or use back of form if needed)*

Equipment available, check items to be used:

- Bose CD player/speaker Laptop Screen (controls on wall)
 DVD/Blu-ray Microwave Wifi
 LCD projector Refrigerator (small)

Thank you for your cooperation in keeping our facility clean and inviting for the community.