APPLICATION FOR COMMUNTIY ROOM USE

Meeting Date:_____   **Meeting Time**: Begin_____ End_____

(Include setup & cleanup)

Will the room be used for governmental, educational or non-profit use?   Yes _____   No_____
(A fee of $30 for all other uses, ie: birthdays, celebrations, reunions, bridal/baby showers, etc., payable at time of reservation.)

Will the room be used for a "For Profit" basis or tuition charged? Yes _____   No_____
(A fee of $60.00 applies, payable at time of reservation.)

Person/Organization Renting Room:

Name: _____   **Phone:** _____

Address: _____   **E-Mail:** _____

Purpose of Use: _____

Number of Persons Attending: _____ *(Maximum Room Capacity of 125 Seated)*

Please Check the Items You Wish to Use:
Kitchen _____   Projection Screen _____   Whiteboard/Markers _____   Flip Chart/Easel _____

Please read and initial each of the following statements. By initialing you indicate that you have read, understand and agree to each one.

_____ I have read and agree to the terms of the Kraemer Library Community Room Policy.

_____ I understand that I am responsible for the use and care of the room during the event.

_____ Community room will be cleaned and arranged per diagram and checklist completed

_____ Groups meeting in the community room are not permitted to tack or nail any signs or materials on community room doors, walls, or elsewhere in the library. They can use command strips or other removable tape if they wish to put up decorations in the community room. Any damage caused by posting of decorations can result in charges.

_____ Tobacco and alcoholic beverages will not be permitted at my meeting/event.

_____ I agree to utilize street and non-library parking so as not to inconvenience library users.

_____ My meeting/event will be conducted so as not to disturb others using the library.

_____ I will need an "after hours" key for the event.

_____*My organization/group will be responsible for the repair or replacement of any damaged or missing items, and for any damage to the facility or any extra cleaning that is required.*

_____   _____

Signature   Date

**The following person picked up the key for this event: _____ _____

Signature   Date

**Check library hours of operation and make arrangements to pick up key during those hours.

Any donation for the use of the Community Room is greatly appreciated.
Adopted October 2022

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For Staff Use Only

Amount Paid _____ cash/check   Date _____ Staff Initial _____

**If paid by check, please staple a photocopy of the check to the Community Room Application.