

Public Room Reservation Form
Charles P. Jones Memorial Library

Room Reserved: _____ Community Room _____ Board Room

Note: No reservation is confirmed until this form has been returned to the Library, properly completed, and is approved and signed by the Library Director.

Name (Individual, Group, or Organization) _____

Purpose and Nature of Organization:

_____ Government _____ Charitable _____ Cultural _____ Educational

_____ Other (Please Specify) _____

Reason for Meeting: _____

Date(s) of Meeting/Event: _____ Starting Time: _____

Length of Meeting: _____ Estimated Attendance: _____

Will food or drinks be served: _____ No _____ Yes

Individuals, groups or organizations that operate on a “for profit” basis, charge a fee for services provided in a public meeting room, or charge admission to an event in a public meeting room will be charged a user fee of \$25 per hour for use of the Community Room, with a minimum charge of \$25, and \$10 per hour for use of the Board Room, with a minimum fee of \$10.

Total Fees to be Charged: No Fee _____ Fee of \$ _____

Deposit of \$ _____ toward fee of _____ \$ per hour

*** Any necessary fees must be paid seventy-two (72) hours in advance. Failure to pay will result in cancellation of the reservation. ***

Person responsible for Room: (please print) _____
(Must be present fifteen minutes before scheduled start.)

Address: _____

Telephone Number: _____

Use of the following multimedia equipment is requested:

_____ Computer _____ DVD/VCR _____ Screen/Projector _____ TV/DVD/VCR (cabinet)

The undersigned acknowledges that they have read and received a copy of the Charles P. Jones Memorial Library Policy on Public Use of Library Space and agrees, personally if acting as an individual, otherwise on behalf of the group or organization requesting use, to adhere to all provisions of the CPJML Policy on Public Use of Public Space.

I understand that if food or drinks are served, they must be consumed in the public meeting room and are not permitted in any other portion of the Library. I also understand that no food or drinks are permitted on or around the multimedia lectern or multimedia presentation equipment at any time.

The undersigned understands that they are responsible for restoring any space used, including bathrooms, to its original state immediately following the end of its use.

Additionally, the undersigned agrees, personally if acting as an individual, otherwise on behalf of the group or organization requesting use, to be responsible for reimbursement to the Library for any damage sustained to Library property and/or equipment during any use of Library premises and any cleaning costs incurred by the Library resulting from the use of the public meeting room.

The Library assumes no responsibility for any personal items or equipment used or left in the public meeting rooms before, during or after the meeting, whether left by the authorized user or by anyone who attends the meeting.

As a condition of use, any user of public meeting rooms in the Library shall agree to hold the Library harmless from any liability for any act or omission relating to use of the public meeting rooms or any condition existing on the premises at the time of such use.

Printed name of person accepting responsibility for the room: _____

Signature of person accepting responsibility for the room: _____

Date: _____

For Staff Use Only

Reservation Confirmed: _____ Disapproved: _____

Signature of Library Director: _____

Date: _____

Total Fees Paid: _____ Date Paid: _____

Public Use Room Checklist
Charles P. Jones Memorial Library

Acknowledgement

(to be signed by the person responsible for the room immediately prior to use)

Community Room Furniture

- | | |
|--|---|
| <ul style="list-style-type: none">• 6 - 6' Tables• 25 - Children's Chairs• 1 - Portable Speaker's Podium | <ul style="list-style-type: none">• 6 - Children's Tables• 50 - Adult Chairs |
|--|---|

I acknowledge that the _____ Community Room _____ Board Room was clean and in good condition in all respects when I accepted responsibility for it and I understand that it must be restored to the same condition after use.

Name (Individual, Group, or Organization) _____

Date _____ Printed Name _____ Signature _____

Checklist

(to be complete by Library staff at conclusion of use)

1. Tables and chairs arranged properly/taken down and stored properly:

Yes _____ No _____

2. Equipment turned off/returned in good condition: (Check equipment used)

_____ Computer	Yes _____	No _____
_____ DVD/VCR	Yes _____	No _____
_____ Screen/Projector	Yes _____	No _____
_____ TV/VCR/DVD (cabinet)	Yes _____	No _____

If no, please explain _____

3. Room cleaned, carpet vacuumed, tables and chairs wiped down as needed:

Yes _____ No _____

If no, please explain _____

4. Kitchen left clean: Yes _____ No _____

If no, please explain _____

5. Bathrooms left clean: Yes _____ No _____

If no, please explain _____

6. Representative of club/group/organization present at inspection:

Yes _____ No _____ If yes, name: _____

Name of staff member making inspection: _____

Date: _____ Time: _____

Printed name of representative of club/group/organization: _____

Signature of representative of club/group/organization: _____

Date: _____ Time: _____

Adopted 6-04-13