

# MEETING ROOM

## Campbellsport Public Library - Meeting Room Rental Request

Name \_\_\_\_\_ Patron? \_\_\_\_\_ Today's Date \_\_\_\_\_  
\* ID verified if not Patron? \_\_\_\_\_

Organization/Company \_\_\_\_\_ Non-Profit? \_\_\_\_\_

Address \_\_\_\_\_

Home Phone/Cell \_\_\_\_\_ Work Phone \_\_\_\_\_

Date of Rental \_\_\_\_\_ Desired Set Up Time \_\_\_\_\_ Anticipated Finish Time \_\_\_\_\_

Type of Activity \_\_\_\_\_

I certify, by my signature, that I have received, read and understood the conditions for use of this facility, and agree to abide by the conditions, rules and regulations stated therein, and that the above information is accurate.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Items Available to Use (check all that apply)

✓	Item	✓	Item
<input type="checkbox"/>	Tables	<input type="checkbox"/>	DVD Player
<input type="checkbox"/>	Chairs	<input type="checkbox"/>	Laptop
<input type="checkbox"/>	Refrigerator	<input type="checkbox"/>	LCD Projector
<input type="checkbox"/>	Stove / Oven	<input type="checkbox"/>	Projection Screen
<input type="checkbox"/>	Microwave	<input type="checkbox"/>	Sound System with Microphone
<input type="checkbox"/>	Coffee Pot	<input type="checkbox"/>	AV Cart
<input type="checkbox"/>		<input type="checkbox"/>	

<input type="checkbox"/>	Add use of small / green room – additional \$65 fee	Paid? <input type="checkbox"/>
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**For Office Use:** [note N/A if not applicable]

Payment –

Amount \$ \_\_\_\_\_ Date Paid \_\_\_\_\_ Receipt Number \_\_\_\_\_

Key -

Check Out Recorded on Tracking Sheet? \_\_\_\_\_ Key Returned? \_\_\_\_\_

Cleaning/Damage Charges? \_\_\_\_\_ Date Paid \_\_\_\_\_

STAFF – File completed form in Jan – Dec tabs