

Campbellsport Public Library - Meeting Room Rental Request

Name _____ Requested Rental Date _____
 Are you a Patron? _____ * ID verified if not Patron? _____

Organization/Company _____ Non-Profit? _____

Address _____

Home Phone/Cell _____ Work Phone _____

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. *I further understand I will be held financially responsible for additional cleaning or repair of any intentional or unintentional damage done to the library building, property or its contents by my rental.*

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"/>	

For Office Use: [note N/A if not applicable]

Payment –
 Amount \$ _____ Check # or Cash? _____ Date Paid _____ Receipt # _____
 \$25 Cash Deposit Paid? _____ Date Paid _____

Key - *Cash deposit must be received prior to getting key*
 Which color? _____ Recorded on Tracking Sheet? _____ Key Returned? _____

Cleaning/Damage Charges? _____ Date Paid _____
 \$25 Cash Deposit Returned to _____ On Date _____

STAFF – File completed form in Jan – Dec tabs