



APPLICATION TO RESERVE A LIBRARY MEETING ROOM

DATE: _____

NAME OF INDIVIDUAL/ORGANIZATION: _____

Applicant's Name: (If group or organization): _____

ADDRESS: _____

EMAIL ADDRESS: _____ TELEPHONE: _____

ORGANIZATION/GROUP'S PURPOSE AND FUNCTION (Please be specific)

(Please Type) :

PURPOSE OF MEETING: _____

DATE(s): _____ ESTIMATED ATTENDANCE _____

START TIME OF MEETING: _____ END TIME OF MEETING : _____

I have read and understand the "Policy for Meeting Room Use" attached to this form , and I agree to comply with it.

1. AV Technician requested? (Fees apply, Main Library only, subject to availability)

2. AV Equipment requested? (Main Library only):

If yes, explain:

3. Will group be bringing refreshments? Yes (Fees may apply)

ROOM RESERVATIONS FEES (TO BE COMPLETED BY LIBRARY STAFF)

FEES:	Room	\$: _____	<input type="checkbox"/> AV Requisition	Date: _____	Initials: _____
	Food	\$: _____	<input type="checkbox"/> Property Mgmt. Requisition	Date: _____	Initials: _____
	Equipment	\$: _____	<input type="checkbox"/> Invoice Sent	Date: _____	Initials: _____
	Staff	\$: _____	<input type="checkbox"/> Payment Received	Date: _____	Initials: _____
	TOTAL	\$: _____			

Please make checks payable to: CLEVELAND PUBLIC LIBRARY

AGENCY: _____

ROOM: _____

FOOD: Yes No

EQUIPMENT: Yes No

STAFF: Yes No

Approved: _____

Agency Head

Approved: _____

Signature of Library Administrator (Required for Room Fees)