

# Community Room Rental Responsible Party Form

Name of group or event: \_\_\_\_\_

Person responsible: \_\_\_\_\_

Address: \_\_\_\_\_

Phone # and email: \_\_\_\_\_

Describe the event: \_\_\_\_\_

Date of Event: \_\_\_\_\_ Time of Event: \_\_\_\_\_

Is this during usual library hours of operation? YES NO PARTIALLY

If no, arrangements must be made with the Library Director.

Summary of Charges:

Nonprofit and residents: \$100 per rental

Business of For Profit and Non- residents: \$150 per rental

Total Due: \_\_\_\_\_

I have read, understand and agree to the attached Community Room Policies.

Sign: \_\_\_\_\_

Print: \_\_\_\_\_

Approved by Library Director: \_\_\_\_\_

Approved by the Board of Trustees (as needed) \_\_\_\_\_