

Newaygo Area District Library

Meeting Room Reservation

(Please allow 30 minutes for set-up)

Date of Meeting: _____ Time: from _____ to _____

Room: Conference Room (With fee) Local History Room

Meeting rooms MUST BE VACATED prior to library closing unless prior permission was granted.
(Organizations will be charged \$25.00 each time staff is required to either open and/or close the library.)

Name of Organization: _____

Contact Person: _____

Person in Charge of group (if different) : _____

Phone: _____

Email: _____

Nature and Purpose of Meeting: _____

Expected Attendance: _____ (Limit of 20)

Please Check Items Needed for Conference Room:

_____ Coffee maker/carafe _____ Electric Teapot _____ DVD player _____ TV/Cart

Fees: Non-Profit Organizations. Any Non-Profit Organization may use the Conference Room for a fee of \$10.00 per hour up to 4 hours on a day.

All Other Organizations. Any other organization or individual that does not meet the definition of Non-Profit Organization may use the Conference Room for a fee of \$15.00 per hour up to 4 hours on a day.

Waiver of Liability: In the event of inclement weather, utility outage, or other emergency, the library director may cancel scheduled meetings by notifying the person who made the application. The library shall have no liability for any loss or expense if the applicant chooses not to reschedule. Persons, organizations, groups, or businesses using the conference room agree to hold the NADL harmless from injury, loss, damage, liability, costs, or expenses that may arise during, or be caused by, use of the library facilities or grounds. The undersigned representative of the group reserving the room understands and accepts these general conditions.

Further, I understand that my organization is financially responsible for the repair of damage to rooms, furnishings and the repair or replacement of any of the equipment listed above that is damaged or missing following this session. I also understand that my organization is responsible to clean up according to the attached checklist. I hereby apply for use of the library’s meeting room and agree to abide by the policies furnished to me, and to give notice of cancellation within two working days prior to the meeting to the office of the Director.

Date

Signature

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Fee Payment is due upon confirmation of Room Reservation:

Payment received: \$ _____

Date: _____

Payer signature: _____

Staff Signature: _____

FOR OFFICE USE ONLY

Authorized By: _____

Special Instructions: _____

Time room opened: _____
Time room closed: _____

Staff Report:

Room was left in: () satisfactory condition () unsatisfactory condition

Explanation/initials: _____

Damaged Items: _____

Missing Items: _____

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Meeting Rooms Checklist

- All lights in the Meeting Room should be turned off.

- All trash should be collected from room, removed and deposited in the dumpster adjacent to the parking lot behind the library.

- All electrical appliances should be clean and unplugged.

- Kitchen counter tops and kitchen sink should be clean. Remove all leftover food from the rooms. Tables should be wiped clean.

- Remove DVD's from equipment. DVD player and TV should be unplugged.

- Exit door to parking lot should be securely locked.