



FLAT RIVER COMMUNITY LIBRARY STAFFORD COMMUNITY ROOM APPLICATION FOR USE

PLEASE RETURN THE COMPLETED APPLICATION TO THE LIBRARY. WE WILL CONTACT YOU WITH CONFIRMATION THAT YOUR RESERVATION IS ACCEPTED.

DATE OF MEETING: _____ RESERVED TIME FROM: _____ To: _____

ACTUAL TIME THE MEETING OR PROGRAM BEGINS: _____

ORGANIZATION: _____

CONTACT PERSON: _____

ADDRESS: _____

HOME PHONE: _____ BUSINESS PHONE: _____

ANTICIPATED ATTENDANCE: _____
(ROOM CAPACITY: 338 STANDING; 145 SEATED; APPROXIMATELY 50 WITH TABLES)

IS THE EVENT OPEN TO THE PUBLIC? YES NO

WILL ATTENDEES BE CHARGED ANY TYPE OF FEE, ADMISSION CHARGE OR DONATION REQUEST? YES NO

IS THE REQUESTING ORGANIZATION A NON-PROFIT ORGANIZATION AS DEFINED IN THE POLICY? YES NO

WILL AN ADULT 18 YEARS OF AGE OR OLDER BE IN ATTENDANCE AT ALL TIMES? YES NO

NAME OF ADULT 18 YEARS OF AGE OR OLDER THAT WILL BE ON SITE DURING THE EVENT AND FINANCIALLY RESPONSIBLE FOR ANY DAMAGE THAT MAY OCCUR: _____

HAVE YOU READ THE STAFFORD COMMUNITY ROOM POLICY AND AGREE TO ALL RULES, REGULATIONS, AND RESPONSIBILITIES SET FORTH IN THE POLICY? YES NO

EQUIPMENT REQUESTED:

_____ DVD PLAYER _____ PROJECTOR _____ OTHER

THE APPLICANT/ORGANIZATION WILL INSURE THE STAFFORD COMMUNITY ROOM POLICY IS FOLLOWED. BY SIGNING THIS FORM, THE APPLICANT ACKNOWLEDGES HE/SHE HAS READ THE ROOM POLICY AND AGREES ON BEHALF OF THE ABOVE NAMED ORGANIZATION TO CONFORM TO ALL RULES, REGULATIONS, AND RESPONSIBILITIES SET FORTH.

SIGNATURE

DATE

(OFFICE USE ONLY)

RECEIVED (DATE AND INITIALS): _____ APPROVED (INITIALS): ___ YES ___ NO FEE: ___ YES ___ NO

CONFIRMED RESERVATION (DATE AND INITIALS): _____ PAYMENT RECEIVED (INITIALS AND DATE): _____