



MEETING ROOM RESERVATION FORM

Please read the Meeting Room Policy before completing this form.

Date: _____ Name of Organization: _____

Non-Profit For-Profit Homeowners Association

Name of Contact Person:

Position in Organization:

Address: _____ Phone: _____

Email: _____

Program Information:

Requested Date(s):

(All cancellations MUST be made at least 72 hours in advance of the reserved date or rental fee, when required, will be forfeited and/or privilege or future use may be denied)

Requested Hours:

Type of Activity:

Description of Program (as you want it to appear on the calendar):

Expected Attendance: Adults _____ Teens _____ Children _____

Do you require use of kitchen facilities? _____

Will refreshments be served? _____ If so, a \$50 deposit is required of ALL groups serving refreshments other than water, which will be returned after the room has been checked by library staff.

Each program must be set up and taken down by those sponsoring the program. Fifteen minutes is recommended on either side of the meeting; furthermore, rooms must be straightened up and vacated at least **fifteen minutes prior to the library closing**. Will your organization require setup and takedown time?

Amount of time prior to meeting _____ Amount of time after _____

Refreshments Deposit (if applicable): \$ _____ This must be a separate check from all other fees.

Room Fee (If applicable): \$ _____

Please make checks payable to "East Lake Community Library" and attach to this application form. If you are a non-profit organization, you must include a copy of your 501c3 certificate to avoid any room reservation fees.

I am the authorized representative of the organization named above as the applicant. I agree to be the contact person the day of the event. We have read and agree to abide by the East Lake Community Library's policies regarding the use of meeting space. We also agree to defend and hold harmless the East Lake Community Library, the Palm Harbor Community Services Agency, Inc. and Pinellas County, its officials and employees thereof, from any and all damages and claims arising out of or resulting from the meeting room use.

Signature of Applicant: _____

Print Name: _____

Return ALL completed forms to Library or email attachments to elclmeetingrmreservations@gmail.com.

OFFICE USE ONLY

East Room _____ Lake Room _____ East Lake Room _____

Booked in: Calendar Book _____ Online Calendar _____

Confirmed Booking on _____

Staff Approval: _____ Date: _____