

# West Fargo Public Library: Application for Use of Meeting Room

Name of Organization/Group\*: \_\_\_\_\_

\*Please note that your organization/group name will appear on our website calendar. If you're concerned about your name being displayed on our website, please talk with staff at the service desk.

Contact name (print): \_\_\_\_\_

Contact phone number: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

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

City: \_\_\_\_\_ Zip code: \_\_\_\_\_

Purpose of meeting: \_\_\_\_\_

Will admission be charged?  yes  no

Is this reservation for a ...?  single meeting  series of meetings

Date(s) reserved: \_\_\_\_\_

Time reserved (please include set-up and clean-up time) From \_\_\_\_: \_\_\_\_AM/PM to \_\_\_\_: \_\_\_\_ AM/PM

Estimated attendance: (Maximum capacity: 30) \_\_\_\_\_

Number of chairs needed: \_\_\_\_\_ Number of tables needed: \_\_\_\_\_

Light snacks and non-alcoholic refreshments are allowed, however, no kitchen facilities are available. If you plan to serve refreshments, please describe: \_\_\_\_\_

Rental fee:  none  \$\_\_\_\_\_  Paid

Having read the policies and procedures relating to use of the WFPL meeting room, the undersigned, on behalf of the above-named organization, accepts the said policies and procedures and assumes personal responsibility for any infractions thereof.

Signature: \_\_\_\_\_

Name (print): \_\_\_\_\_

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

Phone: \_\_\_\_\_

Approved/Not approved Date: \_\_/\_\_/\_\_  Meeting Room 1  Meeting Room 2  Room Scheduled

## Meeting Room Check-Out

Check off applicable items when you are done with the room. The Service Desk has Clorox wipes, a vacuum, and other supplies, if needed. Please return this form to the Service Desk before leaving.

Floor clean

Windows closed

Tables in original position

Tabletops wiped down, if needed

Board cleared of writing

Library equipment checked and shut off

Fans off

Lights off

Room locked