

CUTPL Meeting Room Reservation Form

Date Needed _____ Start Time _____ End Time _____

Organization _____

Is this a non-profit or governmental agency? Yes No Do you live within Union Township? Yes No

Purpose of Meeting _____

Deposit required at time of reservation, refundable when room is found in good condition following the event: \$ _____ Donation amount: \$ _____

Name of the Event: _____

Contact Name: _____ Phone #: _____

Address: _____ City: _____ State: _____ Zip _____

Email Address: _____

Number of Attendees: _____

Will you need tables? Yes No If Yes, Number: _____

Will you need chairs? Yes No If Yes, Number: _____

Will you need DVD/VCR player? Yes No

Will you need LCD Projector? Yes No

Please Note: You are responsible for setting up and tearing down the room.

Is this a onetime meeting? Yes No If no, how often will you need the room? _____

Is the meeting open to the public? Yes No

May we list your event on our web page? Yes No

I, the undersigned, have read the Culver-Union Township Public Library Use of Rooms Policy and agree to comply. I agree to be responsible to the Library for the use and care of Library property and facilities and I understand that includes payment for any damages to Library property occurring during or in connection with the meeting.

Signature of Applicant: _____ Date: _____

APPROVED BY: _____ Date: _____

PLEASE NOTE: Your reservation is not confirmed until this form has been approved and you have paid the deposit if required. The Culver-Union Township Public Library Board of Trustees neither endorses nor denounces the viewpoints of any organization which uses the Library meeting rooms.

-----**Staff use only**-----

Deposit paid (amount): _____ Date: _____ Staff Initials: _____

Room left in good condition: _____ Staff Initials: _____ Room assignment: _____

Deposit returned: _____ Date: _____ Staff Initials: _____