Clarion Public Library Deposit paid $\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_ □ Check □ Cash

Meeting Room Agreement Room paid $\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_ □ Check □ Cash

**Community Room (large room)**

Name of Responsible Person *(User)*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Requesting: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *Approximate Number of Attendees: \_\_\_\_\_\_\_\_\_\_\_\_*

Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­to\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(allow for set up and tear down time)*

Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Purpose of Meeting *(brief description)*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

A $100.00 refundable deposit is required to reserve the room.

Check one:

Staff will mail the check deposit to me, *I will provide a stamped, self-addressed envelope before the event.*

Keep my deposit on file for recurring events. Checks will be honored for six months following their date of issue; cash deposits can be held indefinitely.

Shred the deposit check.

I will stop at the library within 30 days following my event to pick up my deposit.

\_\_\_\_\_\_\_\_\_ ***Please initial:*** I understand the Clarion Public Library Meeting Room policies and acknowledge that failure to respect these policies may lead to forfeiture of my deposit.

\_\_\_\_\_\_\_\_\_\_ ***Please initial:*** I acknowledge that checks will be shredded, and cash deposits will be treated

 as donations, if I fail to pick up my deposit within 30 days.

\_\_\_\_\_\_\_\_\_\_ ***Please initial:*** If my event is not during regular Library hours, I will pick up a key, 1 to 3

 business days before my event, during Library hours.

I have read the Clarion Public Library meeting room use policy and agree to the terms as listed. I acknowledge that I am responsible for any cost that may be incurred in my use of this room. I understand that I will forfeit my deposit if I do not adhere to the Clarion Public Library meeting room use policy.

User Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_