



BRANCH LIBRARY MEETING ROOM RESERVATION REQUEST



Library: _____

Room: _____

Date of Event: _____

Time Period: _____ to _____

Anticipated Attendance: _____

Please check: Profit Not-For-Profit

(NOTE: MEETING ROOMS ARE AVAILABLE ONLY DURING REGULAR LIBRARY HOURS AND MUST ADJOURN 15 MINUTES PRIOR TO CLOSING.)

Organization/Individual Name: _____

Address: _____

Name of President/Chairperson: _____

Contact Person: _____ Phone: _____

Purpose of Meeting: (PLEASE DESCRIBE IN DETAIL. Attach agenda (if available), a copy of any media releases or publicity regarding this meeting, and literature that will be distributed. If having a speaker, please give subject of speech.)

• **Audio/Visual Needs:** _____
Audio/Visual equipment includes TV/VCR, slide projector and overhead projector. Availability varies by location.

• **Will any food be served? (Available only at branches with kitchens)**
 Yes No
What type? _____
Name of food service/caterer: _____

Kitchen facilities are available at Beatties Ford Road, Davidson, Plaza-Midwood, West Boulevard, Regional Libraries, and Main Library. There will be a \$30.00 charge for events with food items other than packaged snacks (cookies, crackers, chips), including catered, carry-out, delivered, or covered-dish meals. **Applicable fees for A/V equipment and food still pertain to non-profit organizations.**

I, the undersigned, being 18 years of age or older, have read the meeting room policies and regulations and agree to comply therewith. I agree to be responsible to the Public Library of Charlotte & Mecklenburg County for the use and care of Library property and facilities. I understand my responsibilities as the undersigned include:

- *Payment in advance of all applicable fees and completed Reservation Request form.*
- *Payment for any damages to Library property occurring during or in connection with the meeting.*
- *Enforcing the meeting room regulations.*
- *Setting up the room and cleaning up at the conclusion of the meeting.*
- *Seven-day cancellation notice is required in order to receive a refund. No-shows are not eligible for a refund.*

Applicant's Signature

Date

Applicant's N.C. Driver's license # or Federal I.D. # _____

Paid by: Check # _____ Account Name _____ Amount _____ Date _____

Cash _____ Amount _____ Date _____

For refund, cancellation notice must be received by _____

Refunds will be issued by check and sent via U.S. Mail from PLCMC's Business Office. Allow at least two weeks for processing.

A completed Reservation Request Form and payment for all applicable fees MUST be received before room will be reserved.

For Office Use Only Approved: _____ Disapproved: _____

Gov/Partner/Study _____