

MAIN LIBRARY MEETING ROOM RESERVATION REQUEST

Room: _____ Date of Event: _____

Time Period: _____ to _____ Anticipated Attendance: _____

Meeting rooms are available only during regular library hours:

Monday-Thursday from 9:30 a.m. to 8:30 p.m., Friday & Saturday from 9:30 a.m. to 5:30 p.m. and Sunday from 1:30 p.m. to 5:30 p.m.
Meetings must adjourn 30 minutes prior to closing. **(Mon-Thu - 8:30 p.m. / Fri, Sat & Sun 5:30 p.m.)**

Name of Individual or Organization: _____ Please check: Profit Org. Non-Profit Org.

Address: _____

Name of President/Chairperson: _____

Name & Phone Number of Contact Person: _____

Purpose of Meeting: **PLEASE ATTACH A DESCRIPTION AND AGENDA OF YOUR ORGANIZATION AND MEETING.**

Set-up for Francis Auditorium only (Circle one): Auditorium Banquet Classroom

Other Set-up Needs: _____

**Audio/Visual Needs: _____

Meeting Rooms and Auditorium: TV/VCR (on rolling cart), Slide Projector, and Overhead Projector

Auditorium only: DVD/VCR Player (through projection booth only), Microphone (Floor and clip-on), CD-and-cassette player (through projection booth only)

Audio/visual equipment must be reserved and any applicable fees submitted at least 2 weeks prior to scheduled meeting.

**Will any food be served? [Not available in Virtual Village Dowd Room or Training Room]

Yes No (circle one)

What type? _____

Name of food service/caterer: _____

Additional fees:

- \$30.00 charge for events with food items other than packaged snacks including but not limited to catered, carry-out or delivery, or covered dish meals. Food of any sort is permissible only in meeting rooms with kitchen facilities.
- Requests for Audio/Visual equipment must be indicated on the Reservation Request Form. Groups using the Audio/Visual equipment or projection booth services must submit requests and applicable payment a minimum of 2 weeks prior to the scheduled meeting. There will be a \$15.00 per hour charge (2-hour minimum) for use of Audio/Visual equipment requiring projection booth or technician services.
- Although non-profits are not charged for meeting space, fees still apply for food and Audio/Visual Equipment.

I, the undersigned, being eighteen 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.*
- *Cleaning up the room at the conclusion of the meeting.*
- **Seven-day cancellation notice is required in order to receive a refund.**

(Applicant's signature)

(Today's date)

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

PLEASE RETURN A.S.A.P. TO: Administration Office, 310 N. Tryon Street, Charlotte, NC 28202 or FAX: 704/416-0677

Do not send payment until you are advised that your meeting is approved.

For Office Use Only:

APPROVED: _____ DISAPPROVED: _____

DATE PAID: _____ CHECK #: _____ CANCELLATION DATE: _____