



REEDSBURG PUBLIC LIBRARY

APPLICATION FOR COMMUNITY ROOM USE

370 Vine Street ~ Reedsburg, Wisconsin 53959

www.reedsburglibrary.org ~ 608-768-READ

Applicant Information

Program Title/Topic: _____

Organization: _____

Contact Name: _____

Telephone: _____ Cell: _____

E-mail: _____

Mailing Address: _____

May we give your contact information to the public regarding this event?

Yes No

Individuals authorized to sign-in for the room: _____

Room Use Agreement

- I have read and agree to the Reedsburg Public Library Meeting Room Policy, which includes the following:
- I am responsible for the use and care of the room for the duration of the event.
 - I will leave the room clean and arranged as posted.
 - I will notify staff when use of the room is complete.
 - I will notify the Library 24-hours in advance if I need to cancel or make changes.
 - I will not post materials on meeting room walls.
 - Participants will be instructed to utilize street and non-library parking so as not to inconvenience other library users.
 - Promotional material relating to events must show appropriate sponsor and/or contact information. Use of the library as the contact for any group is prohibited.
- I understand that no admission may be charged. Promotion or sales of products or services is prohibited. The compilation of mailing or contact lists for sales or promotional purposes is prohibited.

Signature

Date

You will receive confirmation when your request has been scheduled.

Meeting Date: _____

Start Time: _____
Include time needed for set-up

End Time: _____
Include time needed for cleaning

Requested beyond Library hours.
Requires prior approval

Attending: _____
Max room capacity is 110 w/o tables

Check to request use of:

Kitchen

AV Equipment

- Audio System
3.5mm or HDMI connection
- Ceiling-Mounted Projector
VGA or HDMI connections
- Blu-ray Player
- Microphone(s)
- Projection Screen
- TV/DVD combo

Please use AV form to request equipment not listed here.

Please allow time for set-up and orientation when using equipment or using room past library hours. Staff are available for limited assistance during Library hours.

STAFF USE ONLY

Received: _____

Approved: _____

Confirmed: _____

Online calendar: _____
(COFAAE)

Notes on reverse _____