

Beloit Public Library
Meeting Room Use Application

Applicant Name & Name of Organization _____

Address _____

Website/E-mail _____ Phone _____ Fax _____

Purpose of organization/meeting _____

Type of organization: _____ Cultural _____ Educational _____ Charitable _____ Public Health

_____ For-Profit _____ Non-Profit _____ Local _____ Regional _____ State

Request for private closed meeting (fees apply) _____ Yes _____ No

Date of Meeting _____ Time span of meeting _____ to _____

****Room available 9:30am - 8:30pm M-R, 9:30am - 5:00pm Fri & Sat. Please include set up and clean up time. ****

Upon request, early morning meetings may begin as early as 7:30 a.m. Monday through Friday

Contact person attending meeting _____ Cell Phone: _____

Number expected to attend _____ Will kitchen be used? _____

Are you interested in catering through our Blender Café? _____

ROOM PREFERENCE

Please indicate.

_____ Community Room

_____ Riverside Room

_____ Classroom

ROOM ARRANGEMENT

Please indicate.

_____ Theater Style

_____ Number of Chairs

_____ Conference Style

_____ Number of Tables

_____ Classroom Style

A basic arrangement will be provided. Meeting room users are responsible for any set up beyond the basic arrangement. Users must leave the room clean or be assessed a fee for clean up.

EQUIPMENT

Please indicate equipment needed

_____ Lectern

_____ Projector/Screen/AV Cart

_____ Hearing Loop Technology
(See Pg. 1 of Policy)

_____ Microphone

_____ Extension Cords/Power Strip

NOTE: If staff assistance is needed for room arrangement and/or equipment assistance, a minimum \$25.00 fee may be assessed.

FEES – Due and payable with this application form unless waived per policy terms.

Room Rental \$ _____

NOTE: A 48-hour (Monday through Friday) notice of cancellation must be given for all meeting room reservations. If such notice is not given, ½ fees will be forfeited.

LIABILITY FOR USE OF PREMISES

The undersigned, who has authority to sign on behalf of the group, hereby expressly agrees to indemnify and hold the Beloit Public Library harmless from any and all claims, loss, damage or causes of action of any kind, or nature, whatsoever, which may arise or be alleged to arise as a result of the occupancy and use of the afore described premises by the undersigned or by the undersigned's guests, invitees or agents.

The undersigned also understands and agrees that the library will not be responsible for loss or damage to any personal property of the undersigned or of the undersigned guests, invitees or agents.

I have read the Beloit Public Library Meeting Room Policy and agree to the fees and procedures as defined therein.

Date_____ Signature_____

Please return to:

Beloit Public Library Administration
Beloit Public Library
605 Eclipse Boulevard
Beloit, WI 53511

Phone: 608-364-5776
Fax: 608-364-2907
Email: meet@beloitlibrary.org
Hours: 8:30 a.m. – 12:30 p.m.