



APPLICATION FORM FOR USE OF MEETING ROOM

Please read the meeting room policy before filling out the application form, as you are agreeing to the policy when you sign the form. This application may be submitted in person, by mail, or by attaching this form to an email and sending to maynardlibrary@mchsi.com.

DATE OF USE (one per application) _____ Day of Week _____ Application Date _____

START TIME (set-up) _____ END TIME (tear-down done) _____ Actual meeting time: from _____ to _____

NAME OR ORGANIZATION _____

\$100 Refundable Deposit Required With Every Application

Fee required: Private party _____ For-profit group _____ (No fee required for groups with tax-exempt status)

- Check One: _____ \$25 (less than four hours) _____ \$50 (full day; four hours or more)
• Fee must be paid in advance
• A \$100.00 deposit must be received before meeting room application can be confirmed. The deposit will be returned when the key is returned and if there is no damage or missing equipment.
• Please make separate checks payable to the Maynard Community Library.

Purpose of Event: _____

INFORMATION FOR RESPONSIBLE INDIVIDUAL Name _____

Address _____

E-Mail _____ Phone _____

Number of people expected to attend _____ (Please count actual attendees and notify librarian after event.)

Do you plan to use the kitchenette? Yes _____ No _____

I have read the meeting room policy and agree to abide by it:

Signature _____ Date _____

-----For use by Library Personnel only:

Date application turned in: _____ Deposit Amt. Received: _____ Fee Amt. Received: _____

Approved ___ Not Approved ___ Reason _____

Notification Date _____ Employee _____ Number of Attendees: _____

Notes: _____

Deposit Returned: ___ Date _____ To _____ Room Inspected: Date _____ Time _____ Initial _____