

Appendix B: Carnegie Meeting Room Application for Use Form

STOUGHTON PUBLIC LIBRARY
CARNEGIE MEETING ROOM APPLICATION FOR USE FORM

This form must be completed in addition to the City of Stoughton Building Use Policy Form.

Applicant: _____
Daytime telephone: _____
Evening telephone: _____
Fax number: _____
Email address: _____
Applicant's postal mail address: _____

(Inquiries from the library or public will be directed to the applicant at the contact information supplied above.)

Name of Organization: _____
Purpose of meeting: _____
Organization's postal mail address: _____
Non-profit tax ID #: _____

Request is For Use of: Carnegie Meeting Room Only Meeting Room & Kitchenette

If you plan to serve food/beverages, please describe what you will be serving:

Place a check mark in front of the equipment you are requesting to use:

Screen LCD Projector Overhead Projector Whiteboard Lectern

I have read and agree to follow the Stoughton Public Library Meeting Room Policy.

I understand that I am responsible for set up, use and care of the room and set up and operation of audiovisual equipment for the duration of the event.

I will leave the room clean and notify staff when use of the room is complete.

I understand that while using the meeting room, no admission may be charged and no products or services may be advertised, solicited, or sold.

I will notify the library 24 hours before cancellation.

I understand that failure to comply with the Library's policies may result in loss of use of the meeting room.

I understand that this request becomes a reservation only after the Library has confirmed it.

Signature of Applicant: _____ **Date:** _____

Staff Use Only

Form Received & Fully Completed:
Room Use: Approved / Not Approved
Time IN: Time OUT:

Equipment Requested:
Date:
Room Condition Checked: