

Tipton County Public Library
Meeting Room Reservation

Name of Individual or Organization _____

Date of meeting _____ Time of meeting _____

Type of meeting or program _____

- A. Non Profit (no charge) _____
- B. For Profit (\$50 fee + sales tax = \$53.50) _____ (+ kitchen fee = \$64.20) _____
- C. Social (\$50 fee + sales tax = \$53.50) _____ (+ kitchen fee = \$64.20) _____

Kitchen Use

Use of the kitchen requires a \$10 fee, plus sales tax (\$10 fee + tax = \$10.70) Yes _____ No _____

ALL MEETINGS REQUIRE A \$50 DAMAGE DEPOSIT (returned if no damages incurred)

Please make two separate checks: one for damage deposit and one for fee(s).

A standard setup of 4 tables and 16 chairs will be provided for use in the meeting room. If more are used tables and/or chairs are used, or if tables and chairs are moved into a different configuration, the group is responsible for returning the room to its original setup.

Meeting Room Available Equipment (please check equipment you will need for your meeting)

- | | |
|----------------------------|--------------------------|
| _____ Lectern | _____ Dry Erase Board |
| _____ Microphone/PA System | _____ Piano |
| _____ Screen | _____ Opaque Projector |
| _____ LCD Projector | _____ DVD Player |
| _____ Television | _____ Overhead Projector |
| _____ Slide Projector | |

Kitchen Equipment Available

- | | |
|---------------------|---------------------------|
| _____ Punch Bowl | _____ Coffee Urn (30 cup) |
| _____ Serving Trays | _____ Pitchers |

Red or grape drinks are NOT permitted as their stains are not easily removed from carpet.

**NO ALCOHOLIC BEVERAGES ARE PERMITTED ON LIBRARY PROPERTY
NO SMOKING IS PERMITTED ON LIBRARY PROPERTY**

We have read the Meeting Room Policy established by the Tipton County Public Library Board of Trustees and agree to abide by this policy. We will be responsible for the conduct of the people present and will assume responsibility for any damage to library property due to our occupancy. In addition, we agree not to hold the library responsible for any damage or loss to individuals or property resulting from our use of the meeting room.

Printed name_____

Signature_____

Date_____ Phone_____

Second Contact Person Name_____ Phone_____

FOR LIBRARY USE ONLY

Received by_____ Date_____

Deposit paid Yes____ No____ Date_____

Room fees paid Yes____ No____ Date_____

Kitchen fees paid Yes____ No____ Date_____

Keys picked up Yes____ No____ Date_____

Deposit returned Yes____ No____ Date_____