

## **Lancaster Community Library 2024 Meeting Room Reservation Form**P. O. Box 850, 16 Town Centre Drive, Kilmarnock, VA 22482

804-435-1729 \* www.lancasterlibrary.org

| Organization Nar              | ne:   | Contact Person:                 |                   |  |  |
|-------------------------------|---|---------------------------------|-------------------|--|--|
| First Name:                   |   | Last Name:                      |                   |  |  |
| Mailing Address:              | City:   | State:                          | Zip Code:         |  |  |
| Cell Phone:                   | Home Phone:   | Work Phone:                     |                   |  |  |
| Email:                        |   |                                 |                   |  |  |
| ☐ I certify that I a          | nm 18 years or older.   |                                 |                   |  |  |
| Event / Meeting               | g Information   |                                 |                   |  |  |
| Type of e                     | vent:   |                                 |                   |  |  |
|                               | ☐ Organization or community meeti   | ng where attendees are not      | charged.          |  |  |
|                               | ☐ Meeting for profit business, nonpart<br>attendees are charged. A deposit is re                          |                                 |                   |  |  |
| Event Description             | :   |                                 |                   |  |  |
| Event Date(s):                |   |                                 |                   |  |  |
| Set-up time:                  | Event star  | t time:                         |                   |  |  |
| Take down time: _             | Event end   | I time:                         |                   |  |  |
|                               | Total time needed for event: _  |                                 |                   |  |  |
| Room Requested:               |   |                                 |                   |  |  |
| □ Small                       | Meeting Room (1st floor)  |                                 |                   |  |  |
| ☐ Large                       | Meeting Room (2nd floor)  |                                 |                   |  |  |
| Applicants )                  | who require AV or computer equ  | ipment should schedule (        | a time to discuss |  |  |
|                               | requirements with technolog   | staff before the meeting        | <u>.</u>          |  |  |
|                               | ~ Technology staff is not always ava  | ilable at the time of a meeting | ng. ~             |  |  |
| Equipment Requ                | ested:  |                                 |                   |  |  |
| □Microp<br>□Wall M<br>□Laptop | eck any equipment your group may rohone Ionitor Access (Borrowed from LCL) Point Clicker (USB Connection) | need:                           |                   |  |  |



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| Description of AV or computer equipment needed for meeting:  |                      |
|--|----------------------|
|  |                      |
| Fees (to be completed by library staff):   |                      |
| ☐ Required fees and deposit for for-profit businesses, nonprofit fundraisers or ti events/meetings where attendees are charged.  | cketed events, and   |
| \$100 for up to 5 hours (includes set up, event, and take down)  |                      |
| \$50 per hour for every hour over 5 hours.   |                      |
| \$250 Deposit for events serving food. Will be deposited into the library bank accupion satisfactory condition of facility and keys returned.  | ount and reimbursed  |
| ☐ \$100 charge for a meeting held on Sunday with approval of the Library Director.   |                      |
| ☐ No charge for community/organization meetings if attendees are not charged and the recondition including trash removal, and the meeting is not held on Sunday.   | oom is left in clear |
| (Donations are always gratefully accepted.)  |                      |
| Notice: A \$250 cleaning fee or fees for damages will be incurred whether or not the organizathe room, if the room is left in an unacceptable condition (i.e. trash not removed, room left in as food on the floor, or room is damaged). |                      |
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| I have read and received a copy of the meeting room policy:  |                      |
| Applicant signature:   |                      |
| Staff signature:   |                      |
| Please make checks payable to: Lancaster Community Library   |                      |
| Form of ID provided: Amount paid:  |                      |
| Check no. Name on check:   |                      |