

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 Name:	me: Contact Person:		
First Name:	Last Name:		
Mailing Address:	City:		
State:Zip C	ode:		
Cell Phone:	Home Phone:	Work Phone:	
Email:			
☐ I certify that I am 18 y	years or older.		
Event / Meeting Infor			
Type of event:			
☐ Organ	nization or community meeting v	where attendees are not charged.	
		fundraiser or ticketed event, or event/meeting s required for events serving food.	
Event Description:			
Event Date(s):			
Set-up time:	Event star	t time:	
Take down time:	Event end	l time:	
Total tin	ne needed for event:		
Estimate	ed number of Attendees/Guest	s:	
Room Requested:			
☐ Small Meeting	g Room (1st floor)		
☐ Large Meeting	g Room (2nd floor)		



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Applicants who require AV or computer equipment should schedule a time to discuss requirements with technology staff before the meeting.

~ Technology staff is not always available at the time of a meeting. ~

Equipment Requested:			
Please check any equipment your group may need:			
□Microphone			
□Wall Monitor Access			
□Laptop (Borrowed from LCL)			
□PowerPoint Clicker (USB Connection)			
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 ticketed events, and events/meetings where attendees are charged.			
\$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 account arreimbursed upon satisfactory condition of facility and keys returned.			
□ \$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 room is left in clean condition including trash removal, and the meeting is not held on Sunday.			
(Donations are always gratefully accepted.)			

Notice: A \$250 cleaning fee or fees for damages will be incurred whether the organization paid for use of the room, if the room is left in an unacceptable condition (i.e., trash not removed, room left in dirty condition such as food on the floor, or room is damaged).



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I certify that I am a:		
Non-profit		
NOT a non-pr	ofit	
I agree that the information	on I provided on the meeting roo	om reservation form is current and correct
Applicants signature:		Date:
LCL Staff signature:Ch	andra Johnson or Alice Cooper	Date:
Please make checks paya	ble to:	
Lancaster Commu	nity Library	
Form of ID provided:		Amount paid:
Check no	Name on check:	