

MEETING ROOM RESPONSIBILITY FORM
BERTHA BARTLETT PUBLIC LIBRARY, STORY CITY, IOWA

Today's Date: _____

Name: _____

Organization/Group: _____

Address: _____

Phone: _____ Cellphone: _____

Reservation Date: _____

Time the room would be in use: _____

Purpose of meeting: (Give a brief description): _____

Approximate number of people who will be attending: _____

Are refreshments being served? _____yes _____no

If yes, what type? _____

Are you planning on decorating? _____yes _____no

If yes, describe: _____

Audio/Visual equipment: Are there any needs in this area? _____

Any other concerns or questions: _____

I, the undersigned, have read the Bertha Bartlett Public Library meeting room policy. I accept the responsibility (liability) for the key to the room, the condition of the room, furniture, the clean-up of the room, the condition of any other library equipment used, and the securing of the room. I understand that fees for use must be paid on or before the day of use.

Name: _____
(Please print)

Date: _____

Signature: _____

Deposit (\$25): _____

Rental: Full Day (\$25) _____

Half Day \$(15) _____

Approved April 1994
Reviewed: 1/2008
Reviewed: 10/11
Revised: 12/14

Reviewed 10/18