

GLENSIDE PUBLIC LIBRARY DISTRICT

APPLICATION FOR THE USE OF COMMUNITY ROOMS

ORGANIZATION: _____

Cost: Non-profit \$0.00* All other Organizations: \$5.00/hour**
* Documentation required for first time users ** Partial hours will be rounded up. Payment must be made within 5 business days of application and 24 hours before use.

Nature of Meeting: _____ Expected Attendance: _____

Date Requested: ____ / ____ / ____ Time Requested: ____ : ____ to ____ : ____
Room(s) will not be accessible outside the requested time.

ROOM APPLIED FOR (Choose one):

- Single Meeting Room (45 Max) - Kitchen Access Needed? (Y / N)
- Double Rooms (100 Max) - Kitchen Access Needed? (Y / N)
- Board Room (20 Max)

MEETING ROOM SET UP:

- Option 1 (Participants in chairs facing a Table)
- Option 2 (Participants at tables arranged in a "U")
- Other (Please note below)

A/V EQUIPMENT:

- DVD Player/Projector+Screen
- Laptop-Ready (VGA, HDMI, DVI) Projector+Screen (The library does not provide laptops.)

Additional Setup Requests/Comments: _____

There may be an additional fee for special set-up requirements.

CONTACT:

Name: _____
Address: _____
Email: _____ Phone: _____ Fax: _____
Glenside Library card #: _____

I HAVE READ AND UNDERSTAND THE POLICY, RULES AND REGULATIONS GOVERNING THE USE OF THE COMMUNITY ROOMS OF THE GLENSIDE PUBLIC LIBRARY DISTRICT AND AGREE TO ABIDE BY THE INDEMNIFICATION PROVISION AND ALL OTHER PROVISIONS CONTAINED THEREIN.

Signed: _____ Date: _____

FOR OFFICE USE ONLY

Documentation on file (Y / N)

Approved (Y / N): _____ Date: _____

Library Director

TOTAL DUE: _____ TOTAL PAID: _____ DATE RECEIVED: _____