

# Seguin Public Library Conference Room Reservation Application

## RENTAL FEES:

COMMERCIAL/BUSINESS RATE: \$15 PER HOUR  
NONPROFIT ORGANIZATION/GROUP: NO RENTAL FEE

## ROOM HOURS:

MONDAY – THURSDAY: 9 A.M. - 7:30 P.M. FRIDAY: 9 A.M. - 5:30 P.M. SATURDAY: 9 A.M. - 4:30 P.M. SUNDAY: 1 P.M. - 4:30 P.M.

*Please note: Rooms are not booked/reserved until the library receives this completed form and the applicant receives an email confirmation of the reservation from the library. The library reserves the right to require a \$15 refundable deposit to reserve the room per the Conference Room Policy.*

*Instructions: Please complete the application and return it to the Seguin Public Library. Reservations may be made up to three (3) months in advance and are limited to five (5) meetings per month. A reservation application is required for each meeting date. **The person who signs the application must be present to gain entrance to the room and is responsible for all the requirements of the Conference Room.***

Name of Authorized Representative: \_\_\_\_\_

Name of Organization: \_\_\_\_\_

Type of Organization: Business \_\_\_\_\_ Nonprofit \_\_\_\_\_ City Affiliated \_\_\_\_\_ Individual \_\_\_\_\_

Contact Phone Number (required) \_\_\_\_\_ Email (required) \_\_\_\_\_

Meeting Date: \_\_\_\_\_ Reservation: Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

Meeting Purpose: \_\_\_\_\_ Number of Attendees (minimum of 5): \_\_\_\_\_

Need A/V Equipment: Y \_\_\_ N \_\_\_ Specify connecting device: \_\_\_\_\_

- I understand that, as the signee of this application, I must be present to gain entrance to the room.
- I understand that the room is not soundproof and a low to moderate noise level must be maintained at all times.
- I understand that only light snacks and covered drinks are permitted in the room. Serving of meals is prohibited.
- I understand that nothing may be attached to the walls, ceiling, floor or furnishings and that products/ materials that can permanently stain or damage the floor, walls or furniture are not permitted.
- I understand that if I fail to arrive or notify staff within 15 minutes of my reserved time, I forfeit my reservation and security deposit.

Initials:

**I hereby apply for use of the Seguin Public Library Conference Room. I have read the Conference Room Policy and agree to follow the terms and conditions as stated in the policy. I understand that rental fees are not prorated and must be paid prior to gaining entrance to the room. I understand that I will be responsible for any damage, loss or cleaning expense that may result in the use of the space.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Library Use Only:

Conference Room Reserved: 1<sup>st</sup> Floor Conference Room (Max 22) \_\_\_\_\_ 2<sup>nd</sup> Floor Conference Room (Max 16) \_\_\_\_\_

Date Application Received: \_\_\_\_\_ Date Deposit Due: \_\_\_\_\_ Staff: \_\_\_\_\_

Date Deposit Received: \_\_\_\_\_ Receipt # \_\_\_\_\_ Staff: \_\_\_\_\_

Room Rental Fee: \_\_\_\_\_ Total Paid: \_\_\_\_\_ Date: \_\_\_\_\_ Receipt # \_\_\_\_\_ Staff: \_\_\_\_\_

Deposit Returned: Yes \_\_\_ No \_\_\_ Date: \_\_\_\_\_ Customer Initials: \_\_\_\_\_ Staff: \_\_\_\_\_

