

Seguin Public Library

Community Meeting Room Reservation Application

Instructions: Please read the Community Meeting Room Policy prior to completing this form. The completed application may be hand-delivered, mailed or emailed to librarymeetingspaces@seguintexas.gov. The room reservation is not finalized until the security deposit is received. A separate application and security deposit is required for each date the room is reserved, unless the reservation is for 2 consecutive days.

The security deposit must be received within 7 calendar days of booking the room or the reservation will be cancelled.

Name of authorized representative: _____

Organization Name: _____

Type of Organization: Business _____ Nonprofit _____ City Affiliated _____ Individual _____

Organization Address: _____

Contact Phone Number: _____ Email: _____

Meeting Date: _____

Appx. Number of Attendees: _____ Open to Public: Yes ___ No ___ A/V Equipment: Yes ___ No ___

Reservation: Start Time: _____ End Time: _____ ***Entry will not be granted until start time**

Meeting Purpose: _____

As the authorized representative of the above organization, I hereby apply for use of the Seguin Public Library Community Meeting Room. My organization and I agree to follow all the rules and procedures in the Community Meeting Room Policy and understand that my organization or I will be responsible for any damages, losses or cleaning expenses that may result in our use of the meeting room.

I understand that failure to notify the library of a cancellation at least 48 hours prior to the scheduled meeting or not showing for a reservation will result in forfeiture of the security deposit.

Signature: _____ Date: _____

Library Use Only:

Date Application Received: _____ Date Deposit Due: _____ Staff: _____

Date Deposit Received: _____ Receipt # _____ Staff: _____

Room Rental Fee: _____ Kitchen Rental Fee (for catered meals): _____

Total Paid: _____ Date: _____ Receipt #: _____ Deposit Returned: Y/N Staff: _____

