

Seguin Public Library Conference Room Reservation Application

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 a library staff member.

*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 MUST BE COMPLETED FOR EACH MEETING DATE.** The person who signs the application is responsible for all the requirements of the Conference Room.*

Name of Authorized Representative: _____

Name of Organization: _____

Contact Phone Number: _____ 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: Windows 7 ___ Windows 8.1 or higher ___

Mac devices ___ iPad ___ iPhone ___ Android device ___ Tablet ___ Unknown ___

- I understand that the room is not available for commercial purposes and that no admission fee, registration fee, donation or monetary solicitation may be sought from meeting attendees.
- I understand that the room is not sound proof and a low to moderate noise level must be maintained at all times.
- I understand that only light refreshments or snacks are permitted in the conference room and foods with strong odors and/or staining capabilities are not permissible and that drinks must be covered with secure tops.
- 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.
- I understand the room must be vacated 15 minutes prior to closing.

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 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:

Date Application Received: _____ Staff: _____

Conference Room Reserved: **1st Floor Conference Room** (Max 22) _____ **2nd Floor Conference Room** (Max 16) _____

Agreement to Borrow Equipment on file: ___ Y ___ N

Reviewed & updated 1/23/2019

