

Conyers-Rockdale Library System
MEETING ROOM APPLICATION

Contact Person/Requestor: _____

Name of Organization: _____

Address of Organization: _____

City: _____ State: _____ Zip Code: _____

Phone #: (H) _____ (C) _____ (O) _____ (Fax) _____

Email: _____

Program Title: _____

Brief description of program: _____

If applicable, name of speaker: _____

Anticipated attendance: _____ Not to exceed 300 persons

Date of Meeting: _____ Day of Meeting: _____ Time: _____ am/pm To _____ am/pm
(Request must be submitted at least 10 days prior to event & not more than 3 months in advance.)

Meetings taking place Monday-Thursday are not permitted to begin before 10:00am and must adjourn by 7:50pm; Meetings taking place Friday-Saturday are not permitted to begin before 10:00am and must adjourn by 4:50pm. All programs/meetings must be open to the public and held during library operating hours. Private social functions, fund raising activities, marketing services for profit, and the selling of goods or services are NOT permitted. Failure to comply with these regulations will result in denial of future use of the meeting room.

Are you a first time user of the meeting room? [] Yes [] No

Fees: The meeting room use recovery fee is \$100 per day. Room cancellations must be made 24 hours in advance of the scheduled meeting. Checks will not be returned in the event of same day cancellations. Please send your completed application and a check or money order for \$100 made out to the Conyers-Rockdale Library System. If your application is not approved your check will be returned. The meeting room must be left in the same condition it was found upon entering. No alcoholic beverages. The library is not responsible for items left in meeting room.

I have received, read, understand, and agree to comply with the Conyers-Rockdale Library's Meeting Room Policy and Use Procedures. I hereby fully release and discharge the library, its officer, agents, and employees from any and all claims from injuries, including death, damages or loss, which may arise or which may be alleged to have arisen out of, or in connection with the above meeting(s) in the Conyers-Rockdale Library. I further agree to indemnify and hold harmless and defend the Conyers-Rockdale Library, its officers, agents, and employees from any and all claims resulting from injuries, including death, damages or loss, which may arise or which may be alleged to have arisen out of, or in connection with, the above meeting(s) in the Conyers-Rockdale Library.

Signature of Contact Person/Requestor

Date

Approved by: _____

Library Director

Date