Massanutten Regional Library
Main Meeting Room Use Application

Organization Name: _____

Organization Phone Number: _____

Organization Mailing Address: _____

Contact Email Address: _____

Purpose of Meeting: _____

Number of expected attendance: _____

Meeting Date: _____ Start Time: _____ End Time: _____

- As a representative of the organization, I have read the policy and guidelines that govern the use of the meeting rooms and agree to abide by them.
- I understand that if we do not abide by this policy and these guidelines, library staff has the right to terminate any future scheduled meetings and deny future use of the rooms.
- I understand that before any meeting will be booked, any and all fees will be paid.
- I understand that unless the meeting is free and open to the public, I will be charged the for-profit rate.
- I understand that there may be no admission charged and no products or services advertised, solicited, or sold.
- I will give the library 24 hours notice for cancellations. I understand that not doing so will result in forfeit of the complete reservation fee.
- I understand that the phone number I give may be given to anyone who may inquire about the meeting.

Name and title: _____

Signature: _____ Date: _____

☐ *I authorize library staff to open the room for other attendees, prior to my arrival. I understand that I will remain responsible for all policies, guidelines, and costs.*

Comments: _____

_____

Payment method (circle one):

Cash Check (made payable to Massanutten Regional Library) Credit Card

Circle one: Visa or MasterCard Credit Card#: _____

Security code _____ (on back of card) Expiration Date: _____ Billing Zip: _____

STAFF USE ONLY

Approved/Denied by: _____

Date: _____

Fees:

Usage _____

Technology _____

Kitchen _____

Sound System _____

Easel _____

Conference Phone _____

TOTAL: _____

Paid by:

Cash

Check

Credit Card (Visa or MasterCard)

Revised February 2010