

Lodi Public Library MEETING ROOMS RESERVATION

These rooms may not be used for selling or advertising products/services, for promoting a business, or for personal/family use. All meetings must be open to the public and no admission fees may be charged or solicitation made. Meeting rooms are available to use during library hours only and must be vacated before the library closes. If refreshments are served, applicant must remove their own refuse from the Library building. Smoking and alcoholic beverages are not permitted on the premises.

Please read the full Use of Meeting Room(s) Policy for complete restrictions and responsibilities.

Room use request:

Organization or affiliation: _____

Type of group: Non-profit Youth group Community group Other: _____

Event: _____

Date requested: _____ Hibbard Conference Room (15 people maximum)

Time: _____ Pacesetters Program Room (60 people maximum)

Pacesetters Program Room arrangement:

How would you like the room arranged? With chairs for how many people? _____

- | | |
|---|--|
| <input type="checkbox"/> Presenter at podium with rows of audience chairs | <input type="checkbox"/> Discussion circle of chairs |
| <input type="checkbox"/> Screen presentation with rows of audience chairs | <input type="checkbox"/> No setup (do-it-yourself arrangement) |
| <input type="checkbox"/> Several round tables with chairs | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Storytime setup with long tables and few chairs | _____ |

Contact person who will be responsible:

Name: _____

Phone: _____ E-mail: _____

NOTE: If you wish to use library equipment such as TV, multimedia projector, screen, etc. you must fill out a separate Equipment Rental Agreement.

I have read the policy for use of the library meeting rooms and my organization agrees to the terms.

I understand the facility must be left in a clean and orderly condition. My organization will be responsible for the repair/replacement of any damaged/missing equipment and for damages or extra cleaning to the facility.

Signature: _____ Date: _____

FOR LIBRARY USE:

APPLICATION STATUS: Approved _____ Contact has been notified
 Denied: (reason) _____

Problems reported: