Adopted 8/09/01
Reviewed 2/11/10
Updated: 10/11/12, 1/16/20, 4/14/22, 6/13/24, 12/11/25

MEETING ROOM 1 USAGE AGREEMENT

Date(s) of Use (including setup/cleanup):_____ Time: _____ am/pm To: _____ am/pm

Group:_____

Group Leader/Contact Name: _____

Address: _____ City/Zip: _____

Daytime Phone:_____ Evening Phone: _____

Type of Activity:_____

Is this a party (birthday, anniversary, shower, etc.)? ☐no ☐yes **If yes, $15 fee is due upon reservation** Paid by ☐cash ☐check

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Estimated number of people to attend: _____

	Please read and initial each of the following statements. By initialing you indicate that you have read, understand and agree to each one.
	• If serving snacks or doing crafts, cover tables and use the chairs without cloth coverings. • Do not use tape or damage walls. Balloons should only be popped outside. • No permanent markers or paints, no glitter allowed.
	Library policy**:** • **Prohibits alcohol**, tobacco/vaping products and controlled substances on library property. • Prohibits inflatables (for example: no bouncy houses are allowed in meeting room spaces).
	I understand that I am responsible to: • Pick up key the day before event if the library is closed when the event starts. • Return room to original set-up and wipe down counters and/or tables/chairs • Check bathrooms are picked up and toilets flushed. All trash should be placed in garbage cans.
	I understand that the Library itself is off limits except during library hours.
	Any advance publicity of the meeting will not refer to the LME Library, except as a location of the meeting.

I, the undersigned, agree to use the facilities and furnishings of the Lillie M. Evans Library with care. I understand that by requesting the use of this facility, I am accepting financial responsibility for any damages or losses that occur during the time specified in the agreement and attributed to the above group, for example; walls marred or carpet stained. I have received and understand the policies governing use of the library meeting room. I accept responsibility to see that the group I represent abides by the established rules.

_____ Date: _____

(Resident of the Lillie M. Evans Library District signature)

Resident's Library Card # (*required*):_____

Reservation accepted by: _____ Date: _____

Special Requirements – Please note: *Library staff members are not available for setup. The reserving group is responsible for table & chair setup and returning the room to its regular arrangement afterwards*:

- ❑ # Chairs: _____ # Tables: _____ High Chair/Rocker? ❑ No Special Setup
- ❑ Other:

Equipment available, check items to be used:

- ❑ Bose CD player/speaker
- ❑ DVD/Blu-ray
- ❑ LCD projector
- ❑ Laptop
- ❑ Microwave
- ❑ Refrigerator (small)
- ❑ Screen (controls on wall)
- ❑ Wifi

Thank you for your cooperation in keeping our facility clean and inviting for the community.