

Ck# _____ or Cash _____
Date _____ Initials _____

Total Fee Paid \$ _____

Howell Carnegie District Library

314 W. Grand River Avenue Howell, MI 48843
Phone (517) 546-0720 Fax (517) 546-1494

MEETING ROOM RESERVATION FORM

Name of Organization: _____

Subject or Activity: _____

Date of Application: _____

Date of Meeting Room Use: _____

Time of Use: Set up time begins _____ A.M./P.M. Clean up time ends _____ A.M./P.M.

Contact person: _____

Position in Group: _____

Address: _____

Business Telephone: _____ Home Telephone: _____

Meeting Room Requested:

- Meabon Room (100 person maximum)
- Conference Room (15 person maximum)

Required with Application:

- Non-profit group within district
- Non-profit group outside district
- For profit group within district
- For profit group outside district

~SEE FEE SCHEDULE ON NEXT PAGE~

NOTE: 50% deposit of all fees are due seven (7) days prior to scheduled meeting.

Equipment and Services Requested:

Equipment/Service <i>(No fee for use)</i>	Check if Needed
Podium	
VCR/27" Screen Television	
# _____ Chairs needed # _____ Tables needed	
Easel (paper/pens to be provided by user)	

Fees for Room Usage

Fees Owed

- Nonprofit groups within the district will be free of charge during regular library hours. \$10.00 per hour for any portion of an hour required beyond regular library hours. # _____ of hours x \$10.00= \$ _____
 - Nonprofit groups meeting more than once a week will be charged the same fee as non-resident nonprofit groups. *(See below)* \$ _____
 - Non-resident nonprofit groups, for-profit/corporate groups and businesses with taxable property in the district will be charged **\$50 for the Conference room** and **\$125 for the Meabon room** for a four (4) hour block of time (4 hour minimum). \$ _____
 - For-profit/corporate groups and businesses with no taxable property in the district will be charged **\$100 for the Conference room** and **\$250 for the Meabon room** for a four (4) hour block of time (4 hour minimum). \$ _____
- Total Fees Due:** \$ _____

***50% deposit of all fees are due seven (7) days prior to scheduled meeting.
Payment is required at time of registration for booking the room.***

~**Make checks payable to the Howell Carnegie District Library.**~

Acceptance:

I, the undersigned, having read and understand the policy regarding meeting rooms, accept the responsibilities listed and fees stated therein. I understand that the organization or group listed above is, through me, responsible for any infraction of the regulations and any damages to Library property incurred during or in connection with the use of the room.

Applicant's Signature: _____

Printed or Typed Name: _____

Date: _____ Request taken by: _____