



# Howell Carnegie District Library

314 W. Grand River Ave., Howell, MI 48843

Phone: 517-546-0720 Fax 517-546-1494 www.howelllibrary.org

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## Meeting Room Reservation Form

**Name of Organization:** \_\_\_\_\_

**Subject or Activity:** \_\_\_\_\_

**Date of Meeting Room Use:** \_\_\_\_\_

**Time of Use: Set up time begins** \_\_\_\_\_ **am/pm** **Clean up time ends** \_\_\_\_\_ **am/pm**

**Contact person:** \_\_\_\_\_ **Email address:** \_\_\_\_\_

**Business Telephone:** \_\_\_\_\_ **Home Telephone:** \_\_\_\_\_

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### Meeting Room Requested:

Meabon Room (100 person maximum)

Conference Room (15 person maximum)

Equipment/Service (no fee for use)	Check if needed
#_____ Chairs needed #_____ Tables needed	
Podium	
Easel (paper/pens to be provided by user)	
27" Screen TV w/DVD player	

*Please see reverse of page*

**Required with Application:**

- Non-profit group within District
- Non-profit group outside District
- For profit group within District
- For profit group outside District

Ck# \_\_\_\_\_ or Cash \_\_\_\_\_

Date \_\_\_\_\_ Initials \_\_\_\_\_

Total Fee Paid \$ \_\_\_\_\_

Date of Application: \_\_\_\_\_

**SCHEDULE OF FEES**

	Non-profit Group w/in HCDL district	Non-profit Group outside HCDL district	*For-profit Group w/ taxable property w/ in HCDL district	*For-profit Group outside of HCDL district
Meabon Room, regular library hours	\$0.00	\$125 per 4 hour block minimum	\$125 per 4 hour block minimum	\$250 per 4 hour block minimum
Conference Room, regular library hours	\$0.00	\$50 per 4 hour block minimum	\$50 per 4 hour block minimum	\$100 per 4 hour block minimum
Beyond regular library hours**	\$25.00	\$0.00	\$0.00	\$0.00

*\*For-profit organizations or business are limited to using HCDL’s meeting rooms for staff training opportunities for employees of that organization or business*

**\*\*Regular library hours are: 10:00am-8:00pm, M-Th; 10:00am-5:00pm Fri-Sat. Meeting rooms are not available before 8am or after 9pm M-Th; before 8am or after 5pm Fri.; before 10am or after 5pm Sat.; or any time on Sunday**

**All fees are due seven (7) days prior to scheduled meeting. Make checks payable to:  
Howell Carnegie District Library**

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**Acceptance:**

I, the undersigned, having read and understood 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: \_\_\_\_\_