

# DRIFTWOOD PUBLIC LIBRARY

## APPLICATION TO RESERVE A MEETING ROOM

LIBRARY HOURS: MON-WED, 10 AM-8 PM; THURS-SAT, 10 AM-6 PM;  
SUN, 1 PM-5 PM (OCTOBER THROUGH MEMORIAL DAY)

Applicant's/Contact's Name: \_\_\_\_\_  
 Group being Represented: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Day Phone: \_\_\_\_\_ Eve. Phone: \_\_\_\_\_ FAX: \_\_\_\_\_  
 e-mail: \_\_\_\_\_ Date of Application: \_\_\_\_\_

Room Requested:	Date Needed:	Time (from ? to ?):	Est. # of Attendees:
Community Room (seats 40):			
Fischer ( <b>no food</b> ; seats 20):			

Describe activities to take place in the meeting room (lecture, slide show, etc). If library equipment is needed, please specify below, as well as whether assistance with equipment will be needed (\$25/hr; 1/2 hr minimum)

\_\_\_\_\_

\_\_\_\_\_

Will food be served or available during your meeting (Community Room only)?      Yes: \_\_\_\_\_ No: \_\_\_\_\_  
 (If "yes" is marked above, a \$50 deposit will be required at the time of application)

Will your meeting be open to the public?      Yes: \_\_\_\_\_ No: \_\_\_\_\_  
 (If "no" is marked above, a Private Room-use Fee [at \$10/hour] is required at the time of application)

Will participants be charged to attend your meeting?      Yes: \_\_\_\_\_ No: \_\_\_\_\_  
 (if "yes" is marked above, a Commercial Room-use Fee [at \$40/hour] will be required at the time of application.)

**Please read and initial the following statements:**

\_\_\_\_\_ The meeting room will be used only for the activities and time approved on this form.  
 \_\_\_\_\_ I am responsible for leaving the room in the same condition that I found it.  
 \_\_\_\_\_ I am responsible for any necessary cleaning of messes and/or repair of damages that result from my group's use of the room, including the removal of trash.  
 \_\_\_\_\_ The use of this room will not extend beyond library open hours.  
 \_\_\_\_\_ **If a \$50 deposit is not submitted with this application, the only type of refreshment allowed in the room is water. No other food or beverage will be offered or consumed in the room during our meeting there.**

I have read, understand and agree to comply with the room rules set forth by the Driftwood Public Library Board (available at the front desk of the library; revised 1/2010). I further agree that I am personally responsible for the repair of damage to equipment and facilities and for the replacement of stolen equipment or furnishings that may occur during my groups' occupation of the room. I agree that Driftwood Public Library will not be held liable for injuries to person or property that result from the activities described above.

Applicant Signature: \_\_\_\_\_

**Staff:** Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Explanation: \_\_\_\_\_

All completed and signed applications must be returned to:  
**KIRSTEN BRODBECK-KENNEY, DRIFTWOOD PUBLIC LIBRARY**  
 801 S.W. HIGHWAY 101, LINCOLN CITY, OR 97367  
 FAX: (541) 996-1262; PHONE: (541) 557-1116; E-MAIL: KBRODBECK-KENNEY@LINCOLNCITY.ORG