

Grand County Public Library Meeting Room Application

Name of group or individual using the room: _____

Contact Person (must be 18 years or older): _____

Best Phone: _____ Alternate Phone: _____

(If no phone) E-mail: _____

Please read and initial the following statements:

_____ I agree that the room is not being used by a for-profit group or business (only exceptions = tutors in the tutoring room).

_____ I agree the meeting will be open to the public and that anyone can walk in and join the meeting at anytime.

_____ I agree that there will be no charge or requested donation to attend the meeting.

_____ I agree that there will be no food or drink (other than water).

_____ I agree that nothing will be sold before/during/after the meeting while on library property.

_____ I agree the purpose of the meeting is not promotional and/or for financial gain/fundraising.

_____ I understand that library activities always take precedence and reservations may be subject to change, as stated in the Library Meeting Room Policy.

_____ I understand that the library can not guarantee that non-library owned laptops, files, discs etc. will work with the library's a/v equipment.

_____ I understand that I will be responsible for set up and clean up of the meeting room (with the exception of library owned a/v equipment which will be setup by library staff).

_____ I understand the room will not be reserved for me until library staff has reviewed this completed and signed application. (Library staff will contact you within three workdays of receiving your application if they were unable to make the reservation.)

_____ I agree that I am financially responsible for the damage or loss of library owned equipment and any damage to the library meeting room.

Note – Meeting Room reservations can not be made more than six months in advance.

Single Use: Meeting Date: _____ Start Time (earliest 9:30am): _____ End Time (latest 7:45pm Mon-Fri and 4:45pm Sat.): _____

Multiple Uses: Meeting Date(s): _____ Start Time (earliest 9:30am): _____ End Time (latest 7:45pm Mon-Fri and 4:45pm Sat.): _____

*For evening and Saturday afternoon meetings cleanup must be complete before closing time (M-F 8:00pm and Sat. 5:00pm).

TURN OVER

Description of the meeting (to assist library staff in directing attendees to your meeting):

Estimated # of attendees: _____

Which meeting room do you want to reserve? (Please circle one)

Large (60 people max) Board Room (12 people max) Tutoring Room (4 people max)
60 chairs 4 tables 9 chairs 1 table 3 chairs 1 small table

Place a check in front of any additional library owned equipment you would like to reserve

- _____ TV set with VHS player
- _____ DVD player with Digital projector
- _____ Laptop projector
- _____ Laptop to use with laptop projector
- _____ Slide projector
- _____ Overhead projector
- _____ Laptop Lab (up to 10 laptops available) # of laptops needed _____
- _____ Microphone(s) please specify one or two microphones _____
- _____ Wireless internet
- _____ Podium
- _____ Portable dry erase board (2'x3')

By signing this application I confirm the following statements:

- 1) The information I have provided is true and accurate.
- 2) I am authorized to checkout library owned equipment for my group.
- 3) I understand that I/we are assuming financial responsibility in the event that library owned equipment should become lost or damaged.

Signature _____ Date _____

Return completed and signed form to –

Grand County Public Library
257 E. Center Street
Moab, UT 84532
435-259-1111
info@moablibrary.org
fax 435-259-1380

Library Staff Use

Approved and entered into meeting room schedule by Staff initials _____ Date _____