



# BRANCH LIBRARY MEETING ROOM RESERVATION REQUEST



Library: \_\_\_\_\_

Room: \_\_\_\_\_

Date of Event: \_\_\_\_\_

Time Period: \_\_\_\_\_ to \_\_\_\_\_

Anticipated Attendance: \_\_\_\_\_

Please check:  Profit  Not-For-Profit

**(NOTE: MEETING ROOMS ARE AVAILABLE ONLY DURING REGULAR LIBRARY HOURS AND MUST ADJOURN 30 MINUTES PRIOR TO CLOSING.)**

Organization/Individual Name: \_\_\_\_\_

Address: \_\_\_\_\_

Name of President/Chairperson: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

**Purpose of Meeting:** (PLEASE DESCRIBE IN DETAIL. Attach agenda (if available), a copy of any media releases or publicity regarding this meeting, and literature that will be distributed. If having a speaker, please give subject of speech.)  
\_\_\_\_\_  
\_\_\_\_\_

• **Audio/Visual Equipment:**  YES  NO (Audio/Visual equipment includes TV/DVD/VCR.)

• **Will any food be served?:**  YES  NO (Available only at branches with kitchens)

What type? \_\_\_\_\_

Name of food service/caterer: \_\_\_\_\_

Kitchen facilities are available at Beatties Ford Road, Davidson, Hickory Grove, Plaza-Midwood, West Boulevard, Regional Libraries, and Main Library. There will be a \$30.00 charge for events with food items other than packaged snacks (cookies, crackers, chips), including catered, carry-out, delivered, or covered-dish meals. **Applicable fees for food still pertain to non-Library, Government agencies.**

***I, the undersigned, being 18 years of age or older, have read the meeting room policies and regulations and agree to comply therewith. I agree to be responsible to the Charlotte Mecklenburg Library for the use and care of Library property and facilities. I understand my responsibilities as the undersigned include:***

- ***Payment in advance of all applicable fees and completed Reservation Request form.***
- ***Payment for any damages to Library property occurring during or in connection with the meeting.***
- ***Enforcing the meeting room regulations.***
- ***Setting up the room and cleaning up at the conclusion of the meeting.***
- ***Seven-day cancellation notice is required in order to receive a refund. No-shows are not eligible for a refund.***

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Date**

**Applicant's N.C. Driver's license # or Federal I.D. #** \_\_\_\_\_

**Paid by: Check #: \_\_\_\_\_ For the Amount of: \_\_\_\_\_ Date \_\_\_\_\_**

*For refund, cancellation notice must be received seven (7) days prior to scheduled meeting date.*

*Refunds will be issued by check and sent via U.S. Mail from Charlotte Mecklenburg Libraries Business Office. Allow at least two weeks for processing.*

**A completed Reservation Request Form and payment for all applicable fees MUST be received before room will be reserved.**

**For Office Use Only: Approved:** \_\_\_\_\_

**Disapproved:** \_\_\_\_\_

**Gov/Partner/Study** \_\_\_\_\_