



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 \$50.00 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 #: _____ **Debit/Credit:** _____ **Expires:** _____ **CCV#:** _____

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 _____