



## Community Room Use Form

Name of Event \_\_\_\_\_

Type of Organization or Meeting \_\_\_\_\_

Contact Person \_\_\_\_\_ Email Address \_\_\_\_\_

Telephone Number(s) H \_\_\_\_\_ W \_\_\_\_\_ C \_\_\_\_\_

Address \_\_\_\_\_

Meeting Date \_\_\_\_\_ Setup time \_\_\_\_\_ Meeting Time \_\_\_\_\_ End time \_\_\_\_\_

Anticipated Size of Guests/Audience \_\_\_\_\_

We will need audio /visual assistance: \_\_\_\_\_

2<sup>nd</sup> choice for date and time: \_\_\_\_\_

Purpose of Meeting:

Please call the library at least 24 hours in advance if you need to cancel the meeting.

**Driver's License Photocopy Required when use fee/cleaning deposit given.**

A \$150 use fee/cleaning deposit will be required by the week of the event *but* after date is approved by Director. You are required to give the Library 2 checks: One for \$100, the Use fee and one for \$50, the cleaning deposit. The \$50.00(cleaning deposit) will be returned to you when the room is left clean and the community room check list is returned to the library. We will deposit your other \$100 (use fee) check the week of the event. Please be aware: If ANYTHING is attached to our walls or windows NO REFUND will be given.

There will be a \$5 (cash) key fob charge if you need the room after hours. The \$5 (cash) will be returned to you if you return the key fob.

As a representative of the above organization, I have read the policies governing the use of the meeting room and agree to abide by them. Failure to do so will result in a loss of library privileges and/or criminal prosecution.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Return in person or email completed form to [terri@neosho.lib.mo.us](mailto:terri@neosho.lib.mo.us)**

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Library Use Only Below this Line

\_\_\_\_\_  
Approved

\_\_\_\_\_  
Deposit paid

\_\_\_\_\_  
Policy given

\_\_\_\_\_  
Driver License

\_\_\_\_\_  
Room chkd out