



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: _____

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 \$100 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 each for \$50. 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 \$50 (use fee) check the week of event.

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

Library Use Only Below this Line

Approved

Deposit paid

Policy given

Driver License

Room chkd out