



Salem-South Lyon
District Library

Library Meeting Room Application

Organization/Group Name _____

Contact Person's Name _____

Address _____

Phone _____ Email _____ Alternative _____

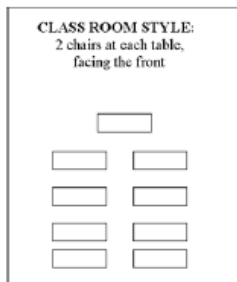
Date & Time Requested _____ Date & Time _____

Length of Program _____ Number of Attendees Expected (75 max) _____

Purpose of Meeting Room Request _____

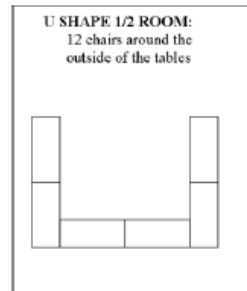
Room Set-up Requested:

____ Classroom Style



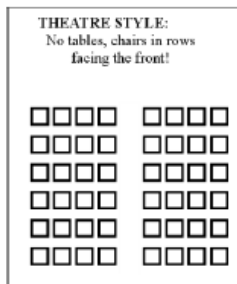
A

____ U-Shape



B

____ Theatre Style



C

____ Other (Draw or Describe)



Equipment Requested: ___Projector ___Screen ___Laptop ___DVD/Blu-ray Player

___Kitchenette ___Dry Erase Board

Other _____

Terms of Agreement

Organizations/Groups using the facilities agree to leave the room and equipment in the same condition in which they found them. If the group intends to use any substance in the course of their event that may cause temporary or permanent damage to the Library's tables, they are required to first cover the tables with the craft paper provided by the Library. Substances that require the use of the craft paper include, but are not limited to glue, paint, crayon and marker. Failure to do so may result in the Library keeping the \$50 cleaning deposit.

Custodial costs and/or damages incurred as a result of the organization's/group's use of the facilities are the responsibility of and shall be paid by the applicant.

All meetings and programs held in the Library meeting room during Library business hours are open to the public. All groups using the rooms shall keep noise to a minimum so as not to disturb others in the Library.

Contents, topics, subject matter, point of view, opinions expressed and literature distributed by the organization/group using the facilities do not reflect either the approval or disapproval of the Salem-South Lyon District Library.

There is no charge for use of the meeting room facilities, however donations will be accepted and should be made payable to the Salem-South Lyon District Library.

By signing this document, I acknowledge that I have read and agree to follow the *Terms or Agreement* and Library Procedure.

Signature _____

Date _____

Print Name _____

Administrative Use Only

Applicant is age 18 or older? Y___ N___ Applicant is a SSLDL cardholder in good standing? Y___ N___

\$50 Cleaning Deposit

Date Received _____ Form of (check, cash, credit) _____

Date Returned (if not returned, please list reason) _____

Notes _____

Approved _____ Denied _____ Reason Denied _____

Approved By _____ Date _____

Reservation cancelled (Reason & Date) _____