

MEETING ROOM APPLICATION

Menasha's Public Library

mail forms & optional donations to:
Menasha Public Library, 440 First St., Menasha WI 54952
(FAX: 920-967-0012)

Meeting rooms provided as a free public service. Donations appreciated!

CONTACT INFORMATION

Organization Name: _____

Contact Person: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Day Phone: _____ Evening Phone: _____

E-Mail: _____ Fax: _____

RESERVATION INFORMATION

Date of Meeting: _____ Anticipated attendance: _____

Arrival time (for set up): _____ Meeting start time: _____

Meeting end time: _____ Departure time (following clean up): _____

AGREEMENT (all boxes must be checked or application is invalid)

- I understand that I am required to notify the library of room cancellations a minimum of 48 hours prior to my meeting. *If I fail to cancel, the library reserves the right to charge a fee.* Repeated failures to cancel may result in the loss of room booking privileges.
- I agree to abide by all the regulations of the library regarding the use of its facilities and equipment.
- I agree to accept responsibility for any damage caused to the building or its equipment, other than normal wear, resulting from this meeting.
- I affirm that this is not a commercial event where products, services or memberships are advertised, solicited or sold.
- I understand that I may not publicize this event in any way that implies that it is sponsored, co-sponsored, endorsed, or approved by the library unless permission to do so has been given in advance by the library director or designee.
- I understand that the library will make an effort to set the room up as indicated on the Setup Form. If library staff do not have time to do so, our group shall be responsible for any take down or set up that it requires.
- I understand that a fee may be charged if our group occupies the room beyond scheduled departure time or if library staff must provide more than reasonable cleanup.

➔ **We would like to make an optional donation of \$_____ toward meeting room use/setup costs.** Checks should be made payable to Menasha Public Library and may be submitted with your reservation request.

Signature: _____

Date: _____

LIBRARY USE ONLY

Date application received _____ Application complete (initial) _____

Entered into appointment book (check) _____ Setup form to custodian (check) _____