

LIGONIER VALLEY LIBRARY MEETING ROOM RESERVATION REQUEST

APPLICANT INFORMATION

Date of Request: _____ Name of Requestor: _____

Organization (if applicable): _____

Address: _____

Phone: _____ Email: _____

RESERVATION DETAILS

Requested Room: Community Room Smart Room Conference Room

Date: _____ Estimated Attendance: _____

Start Time: _____ End Time: _____

Reservation times must include setup and cleanup.

Purpose of meeting/event: _____

Will this activity generate income, fees, or compensation for the organizer(s)?

Yes No

If yes, please describe: _____

SERVICES REQUESTED AND ADDITIONAL FEES

Will food or beverages be provided for attendees?

Yes (\$25 fee) No

Will library staff be asked to arrange tables/chairs before the event or reset the room after?

Yes (\$20 fee) No

Technology Requests

None In-room technology Conference Camera for Virtual Meetings (\$20 fee)

Will staff assistance be needed for technology setup or troubleshooting?

Yes (\$20 fee) No

Please describe any additional technology needs:

INSURANCE REQUIREMENTS

If attendance is expected to exceed 20 participants, proof of Comprehensive General Liability Insurance naming Ligonier Valley Library Association as an additional insured must be submitted prior to approval.

Will attendance exceed 20 participants?

Yes (Certificate of Insurance attached) No

APPLICANT AGREEMENT

I have read and agree to comply with the Ligonier Valley Library Meeting Room Policy. I understand that:

- Reservations are subject to approval and room availability
- Payment is due upon approval of the reservation
- Cancellations must be made at least 48 hours in advance to receive a refund
- I am responsible for the conduct of participants and for any damage to library property
- Meeting rooms must be returned to their original condition at the conclusion of the reservation
- Use of a meeting room does not imply endorsement by the Ligonier Valley Library
- The library's logo may NOT be used in advertising for this event and library sponsorship may not be implied
- Failure to comply with library policies may result in additional fees, loss of privileges, or denial of future reservations

Applicant signature: _____

Printed name: _____ **Date:** _____

FEE CALCULATION *to be completed by library staff*

Room Rental Fee \$ _____

Food & Beverage Fee \$ _____

Setup/Room Reset Fee \$ _____

Technology Fees \$ _____

Total Due \$ _____

Cash Check # _____

Date of Payment: _____

Staff Signature: _____