

# Apache County Library District Meeting Room Reservation Form – Extended Use

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**Required information** (please print clearly):

Group Name \_\_\_\_\_

Contact person \_\_\_\_\_

Full address \_\_\_\_\_

Home number \_\_\_\_\_ Cell \_\_\_\_\_ Office \_\_\_\_\_

Email address \_\_\_\_\_

Purpose / function of group \_\_\_\_\_

Date(s) requested \_\_\_\_\_ Time(s) requested \_\_\_\_\_

Number of people expected \_\_\_\_\_

Library facility requested \_\_\_\_\_

**Room Setup:**

Classroom-style     Auditorium     Tables in u-shape     Tables in square     Other (describe)

**Equipment Requested:**

Digital projector     Presentation laptop     Whiteboard

Will your group bring food and beverages?     Yes     No

Your signature below indicates that:

- you received a copy of the Meeting Room Guidelines
- have read them and understand them
- you agree to a background check
- you agree to hold the library harmless for any use of the library or of the keys.
- if key assigned to you is lost, you will bear the cost of rekeying the building, and you will lose the privilege of borrowing the key in the future

Name of Responsible Party(print) \_\_\_\_\_

Signature: \_\_\_\_\_

**Note: Form must be filled out completely for reservation to be made. Incomplete forms will be returned and room will not be reserved. You must fill out a new form each time you make a reservation. FEES MUST BE PAID TWO WEEKS IN ADVANCE.**

***Office Use Only:***

Date paperwork received: \_\_\_\_\_

Date fee(s) paid: \_\_\_\_\_

Total amount received: \_\_\_\_\_

Staff initials: \_\_\_\_\_

Fees paid: Key \_\_\_\_\_ Food \_\_\_\_\_

Form of payment: Cash \_\_\_\_\_ Check \_\_\_\_\_

Background check \_\_\_\_\_

Administrative approval by \_\_\_\_\_