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South Coastal Library
43 Kent Avenue, Bethany Beach, DE 19930
302-858-5518
Fax: 302-537-9106

MEETING ROOM USE AGREEMENT & RESERVATION REQUEST

Name of Organization _____

Contact person _____

Address _____ City _____ Zip _____

Phone Number _____ Email _____

May patrons call this number for further information? ____Yes ____No

If not, who may be called? _____ Phone Number _____

Date(s) of requested use _____

Expected audience size _____

Meeting Room (circle) Single Room Both Rooms

Beginning and ending times of meeting room use _____
(Allow adequate time for set-up and returning meeting room to its original configuration – see diagram)

Audiovisual equipment needed (circle)
Lectern/Microphone DVD/Blu-Ray player Cables for Projector hook up (not Apple compatible)

I have received a copy of the Meeting Room Policy governing the use of the Meeting Room. I understand that no food/beverages other than water are permitted in the meeting room. I understand it is my responsibility to shut off the projector after use.

Due to COVID-19:

- As a Sussex County government-operated facility, all users must practice social distancing of 6 feet.
Meetings are currently being allowed during library's operational hours to ensure compliance. The COVID occupancy limit of the meeting room is 10 people per half room, 25 people per full room (includes 6 tables per half room, 12 tables per full room).
Policy/use violations result in: First time, written warning. Second time, barred from room use for a period of one year.

I have read these policies and regulations. On behalf of the organization identified above, I agree that the organization will abide by these regulations. Failure to do so will result in financial responsibility for professional cleaning services and/or preclude future use of the Meeting Room.

Signature _____ Date _____

For Staff Use Only:
Library Staff initials (when form was received at library) _____ Date _____ Time _____
Meeting room coordinator signature _____ Date _____
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