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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.

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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