



Enrich. Inspire. Educate.

South Coastal Library

43 Kent Avenue, Bethany Beach, DE 19930

302-858-5518 | Fax: 302-537-9106 | southcoastal.meetingroom@lib.de.us

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 _____

Meeting Room Dates:

Date(s)	Time (include adequate time for set-up reset of room)	Meeting Room Requested Single room (capacity 30) or double room (capacity 60)	Expected Audience Size	Equipment Needed Podium, Microphone (2), DVD player, HDMI cable {Apple Adapters not provided}
				Podium <input type="checkbox"/> Microphone <input type="checkbox"/> HDMI Cable <input type="checkbox"/> DVD Player <input type="checkbox"/>
				Podium <input type="checkbox"/> Microphone <input type="checkbox"/> HDMI Cable <input type="checkbox"/> DVD Player <input type="checkbox"/>
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				Podium <input type="checkbox"/> Microphone <input type="checkbox"/> HDMI Cable <input type="checkbox"/> DVD Player <input type="checkbox"/>

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 and **reset the room according to the diagram**.

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 _____

Staff Approval Signature: _____ Date: _____