Meeting Room Request Form

To submit a request, complete the form below and email it to meetingrooms@sclmail.org

NOTE: YOU WILL NEED TO COMPLETE A SEPARATE FORM FOR EACH DATE REQUESTED.

Community Room ☐ Lower Level Meeting Room ☐

Date Needed: _____

Arrival Time: _____ Meeting Time: (Start) _____ (to) _____ Departure Time: _____

NOTE: When your meeting is before the library is open, the only doors that will be open are the ones facing Main Street off of the parking lot. Also, because special arrangement must be made for staffing for early times, doors will not be open earlier than stated time.

Please allow time to set up and clean up. It is the responsibility of the organization to make sure the room is clean after your event. Failure to comply may result in a group or individual being denied future use of library meeting space. All trash must be in the trash cans provided. We provide dishcloths, dish towels, dish soap etc. — all other supplies must be provided by the organization.

Room Set-up: We have a standard set-up. (See diagram) If you would like a different set-up, feel free to move it as you wish, but we ask that you place the tables and chairs back to the original setup they were in when you came in.

Purpose of Meeting: _____

Estimated # of guests: _____

What type of refreshments will you have? _____

What audio-visual equipment do you need? _____

Name of Contact Person: _____

Name of Organization/Business: _____

Address: _____ *City:* _____

State: ____ *Zip Code:* _____ *Work #:* _____ *E-mail Address:* _____

May the library give your telephone number to anyone inquiring about your event? YES _____ *NO* _____

*Cellphone** _____ ***This will only be used if we need to contact you outside of normal business hours in the event of a delay or closure due to bad weather*

I, the undersigned, being eighteen years of age or older, have read the Meeting Room Policy and agree to comply.
I agree to be responsible to the Amos Memorial Public Library for the use and care of the library property and facilities. I understand that I will be responsible for my event and any damages caused during it. I will also be responsible for any cleanup needed. In addition, I certify that I will NOT solicit patrons within the library.

Signature of Contact Person _____ *Date* _____

Please be aware when submitting this form by fax, e-mail or in person, approval of this request is at the discretion of the library. The library reserves the right to refuse any request based on our policies or by decision of our Board of Trustees. Most often, you will be contacted by phone or e-mail within one or two business days to confirm your request.

NOTE: Meeting rooms at the Amos Memorial Public Library are reserved for library programming, non-profit organizations, businesses and other community groups and organizations.

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