

COMMUNITY ROOM USE APPLICATION FOR-PROFIT ORGANIZATION

WATERFORD TOWNSHIP PUBLIC LIBRARY
5168 Civic Center Drive
Waterford, MI 48329
248.618.7681

*** Please call the above number to check availability before submitting application ***

Date of Meeting _____ Day of Week _____
(MM/DD/YY)

Time: From _____ To _____ Meeting Start Time _____

ORGANIZATION _____

Address _____ Phone _____

Contact Person _____ Title _____

Type of activity _____

Will you be charging a fee? _____ If yes, for what purpose? _____

NOTE: Use of the Library's name and telephone number on any publicity except as the location for the event is strictly prohibited.

Anticipated attendance _____

FACILITIES REQUIRED (check one)

_____ **Community Room A**

(2 hours minimum, additional time in 1-hour increments)

Maximum seating capacity 30 chairs only or 16 with tables and chairs)

\$45.00/2 hours \$10/hour for each additional hour

_____ **Community Room B** -- includes use of kitchen facilities, coffeemaker

(2 hours minimum, additional time 1-hour increments)

Maximum seating capacity 30 chairs only or 16 with tables and chairs

\$55.00/2 hours \$10/hour for each additional hour

_____ **Community Rooms A&B combined** -- includes use of kitchen facilities, coffeemaker

(2 hours minimum, additional time in 1-hour increments)

Maximum seating capacity 60 chairs only or 30 with tables and chairs

\$65.00/2 hours \$15/hour for each additional hour

EQUIPMENT REQUIRED (check all that apply)

- Lectern
- Dry marker boards with markers/erasers (Not available in Room B)
- Easel with writing pad
- Screen (wall screen in Room A)
- Projector
- Wired Internet Access (Wireless also available)
- DVD player
- Microphone/Sound System
- Overhead projector (for use with transparencies)
- Kitchen facilities (sink, microwave, refrigerator) available in Room B or Rooms A&B combined

A Keurig coffeemaker is available for use. Please feel free to bring K-Cups.

Please list any equipment your organization will bring into the Library for this meeting:

ROOM ARRANGEMENT (check one)

Room A & B Rooms A or B

- Diagram 1 - Lecture style, chairs only Diagram 5 - Lecture style, chairs only
- Diagram 2 - Open Round Table Diagram 6 - Round Table
- Diagram 3 - U Shape Diagram 7 - U Shape
- Diagram 4 - Rows of Tables Diagram 8 - Rows of Tables

Note: Tables measure 30"x60" and generally seat 2.

Please note any modifications to the room arrangement on the appropriate diagram.

GROUP NAME TO BE DISPLAYED ON SIGN BOARD AT ROOM ENTRANCE:

IMPORTANT: DO NOT TAPE OR ADHERE ANYTHING TO THE WALLS. THANK YOU.

The undersigned hereby states that she/he has read the Community Room Policy of the Waterford Township Public Library relative to use of the facilities and agrees to all arrangements, responsibilities and fees therein stated. The undersigned further states that he/she has the authority to sign this application for the above-named organization.

Signature _____ Date _____

Return the completed application to the Library Administrative office no less than 2 weeks prior to the date of use.

FAX: 248.674.1910 PHONE: 248.618.7681

TO BE COMPLETED BY LIBRARY STAFF

The above application for use has been approved for the date, rooms and equipment specified. Your total fees are _____, and payable immediately upon receipt of this confirmation and not less than one week before the use date of _____.