



FINNEY COUNTY PUBLIC LIBRARY
 605 E WALNUT
 GARDEN CITY, KS 67846
 (620) 272-3680
<http://finneylibrary.org/home>

MEETING ROOM AGREEMENT

PERSON/COMPANY REQUESTING ROOM (PLEASE PRINT) _____

ADDRESS: _____

TELEPHONE: _____ ALT #: _____

COMPANY/ORGANIZATION NAME (IF ANY): _____

EMAIL ADDRESS: _____

TYPE OF EVENT: _____ NUMBER OF ATTENDEES: _____

DATE REQUESTED: _____ EVENT START TIME: _____ EVENT END TIME: _____

TOTAL TIME REQUESTED INCLUDING SET UP/CLEAN UP (4 HOURS MAX): _____

TOTAL DUE ON DATE OF EVENT (\$25 PER HOUR) \$ _____

EQUIPMENT NEEDED/REQUESTED: _____

PLEASE INITIAL THE FOLLOWING IN AGREEMENT:

____ I UNDERSTAND I CAN ONLY USE LIBRARY SUPPLIED PRODUCTS TO HANG THINGS.

____ I UNDERSTAND THERE IS TO BE NO ALCOHOL ON THE LIBRARY PREMISES.

____ I UNDERSTAND THAT I MAY NOT CHARGE ADMISSION FEES OR COLLECT MONEY FROM FCPL PATRONS.

____ I ACKNOWLEDGE THAT THE MEETING ROOM NEEDS TO BE LEFT AS IT IS FOUND.

IT IS HEREBY AGREED AND UNDERSTOOD THAT ALL APPROVED APPLICATIONS FOR USE OF LIBRARY FACILITIES AND/OR EQUIPMENT SHALL BE SUBJECT TO THE CONDITIONS OF THE ATTACHED BUILDING POLICIES. THE PERSON SIGNING THE APPLICATION ACCEPTS RESPONSIBILITY FOR ADHERENCE TO THE MEETING ROOM POLICIES AND AGREEMENT.

SIGNATURE

DATE

Office Use Only (Approvals)

____ Event ____ Date ____ Time ____ Scheduled in Evanced ____ Staff Communications