

ZASTROW MEETING ROOM AGREEMENT

ORGANIZATION _____

DATE ROOM IS TO BE USED _____

TIME OF DAY USE IS REQUESTED _____

PERSON RESPONSIBLE _____

Please print

TELEPHONE NUMBER _____

\$20 Nonrefundable fee for each day of use

_____ Fee Received

\$50 Deposit Required (Must be received in order to reserve the room)

How would you like the deposit to be handled?

_____ Donate the entire deposit to the library

_____ Come to the Library in 3-5 days and pick up your check

_____ Bring a stamped, self-addressed envelope for the deposit to be mailed to you

_____ Request in writing that we shred the check

By signing below, I acknowledge that I have read the Zastrow Meeting Room policy and agree to the terms as listed. I acknowledge that I am responsible for any cost that may be incurred in my use of this room.

SIGNATURE

Library fax: 641-257-6325

Telephone: 641-257-6319

Library Hours: Monday-Thursday 10am-8pm, Fridays 10am-5pm,

Saturdays 1pm-5pm, Closed Sundays