Zastrow Meeting Room Agreement

ORGANIZATION _____

DATE ROOM IS TO BE USED _____ TIME _____
Allow for set up and tear down time.

NAME OF RESPONSIBLE PARTY _____

TELEPHONE NUMBER _____

EMAIL ADDRESS _____

Please initial in the box on the left of the form to acknowledge and agree to each policy.

_____ **The Zastrow Meeting Room requires a $25 nonrefundable fee for each day of use.** I acknowledge that I will not be able to receive a key or hold my event until I pay this fee. CCPL will receive this fee in the following form:

_____Cash _____Check _____My org. is exempt *(requires staff approval)*

_____ **A $50 deposit is required to make the reservation**. I understand the Zastrow Meeting Room policies and acknowledge that failure to respect these policies may lead to forfeiture of my deposit. After my event, CCPL will handle the deposit as marked:

_____ Donate the entire deposit to the library.

_____ Staff will mail the deposit to me. I will provide a stamped, self-addressed envelope before or at my event to mail the deposit back.

_____ Keep my deposit on file for recurring events. Checks will be honored for six months following their date of issue; cash deposits can be held indefinitely.

_____ Shred the deposit. *(valid for checks only)*

_____ I will come to the library 1-14 days following my event to pick up my deposit.

_____ Other: _____

_____ I acknowledge that checks will be shredded and that cash deposits will be treated as donations if I fail to pick up my deposit, fail to provide necessary materials to staff, or fail to give direction to staff upon check expiration.

_____ If my event is not during regular library hours, I will pick up a key 1-3 days before my event.

_____My event is during the day, and this is not applicable.

_____ If my event is public, I will attach a short summary and allow 1-2 business days for staff to add the information to the Zastrow Meeting Room calendar.

_____My event is private, and this is not applicable.

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. I also understand that I will forfeit my deposit if I do not adhere to the Zastrow Meeting Room policy.

SIGNATURE: _____ DATE: _____

For use by Library Personnel Only

Date Application turned in: _____ *Staff Initial:* _____

Notes: _____

Deposit Returned: _____ *Date:* _____ *Staff Initial:* _____ *Number of Attendees:* _____

Zastrow Meeting Room Agreement

ORGANIZATION _____

NAME OF RESPONSIBLE PARTY _____

CHARLES CITY PUBLIC LIBRARY'S COVID-19 POLICIES
FOR ZASTROW MEETING ROOM USAGE

Enacted by the Charles City Public Library Board on August 12, 2021.

Please initial in the box on the left of the form to acknowledge and agree to each policy.

_____ **A maximum of 50 persons are allowed in the Zastrow Meeting Room at one time**. This capacity does not include other areas of the library, the public parking lot, etc.

_____ I acknowledge that COVID policies may be updated prior to my event.

- **Should these restrictions loosen**, the library is not guaranteed to contact me regarding this change. I acknowledge it will be my responsibility to follow up with the library to obtain the most up-to-date copy of these policies if I so desire.
- **Should these restrictions tighten**, the library will contact me to inform me of changes affecting my event and present me with a new copy of this document for my acknowledgement.

By signing below, I acknowledge that I have read the Zastrow Meeting Room's current COVID-19 policy and agree to the terms as listed. I understand that I will forfeit my deposit if I do not adhere to the Zastrow Meeting Room's most current COVID-19 policy at the time of my event.

SIGNATURE: _____ DATE: _____