Zastrow Meeting Room Agreement

ORGANIZATION _____

DATE ROOM IS TO BE USED _____**TIME**_____

Allow for set up and tear down time.

NAME OF RESPONSIBLE PARTY_____

PLEASE PRINT

TELEPHONE NUMBER _____

If your reservation is not during regular Library hours pick up Zastrow Room Key 1 to 3 days prior to the event. _____

$25 Nonrefundable fee for each day of use:

_____ Fee Received   _____Cash   _____Check   _____Check #

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

How would you like the deposit to be handled?

_____ Donate the entire deposit to the Library

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

_____ Keep my deposit on file until _____ for recurring events

_____ Request in writing that the library staff shred the check

_____ Other _____

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

If your event is open to the public would you like information included on the library webpage? _____**NO** _____**YES** If you choose yes, please include a short summary of the event. Allow 1-2 business days for staff to include information on our website calendar.

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 may forfeit my deposit if I do not adhere to the Zastrow Meeting Room policy.

SIGNATURE:_____**DATE:**_____

Telephone: 641-257-6319   Library fax: 641-257-6325
Library Hours: Monday-Thursday 10 am – 8 pm, Friday 10 am – 5 pm, Saturdays 1 pm – 5 pm, Sundays Closed

_____

For use by Library Personnel Only

Date Application turned in:_____ Staff Initial:_____

Notes:_____

Deposit Returned_____ Date_____ Staff Initial_____ Number of Attendees_____