

Bridgeville Public Library Meeting Room Request

Name: _____
(Please indicate the meaning of any initials or acronyms)

Event (Describe activity): _____

Date or dates of event: _____

Full Day Request (More than 4 Hours): _____

Half Day Request (Less than 4 Hours): _____

Time room is needed: _____

(include time to set up and clean up)

Note: You may not come in to set up before this time. Opening and 30 minutes before closing are the normal limits of scheduled time for meetings without incurring fees.

Exceptions approved by the Library Director or the board: _____

Library hours:

- Monday & Friday: 10am – 5pm
- Tuesday, Wednesday, Thursday: 10am – 7pm
- Saturday: 10am – 2pm

Time event or meeting is actually scheduled: _____ (this will appear on our posted room schedule)

Expected attendance: _____ (Maximum capacity 200)

List any equipment requests: _____

The usage fee for the meeting room is payable upon approval by the board. Cancellations must be in writing seven days prior to the event or the fee is non-refundable.

I have read the Meeting Room Policy and agree to abide by them. In addition, I will be responsible for the conduct of persons present at our event and will assume financial responsibility for any damage to or loss of Bridgeville Public Library property due to my group's occupancy of the Meeting Room.

Signature of person applying: _____

Name and Affiliation of person applying: _____

Address: _____

Telephone number: _____

Work telephone number: _____

Email address: _____

Please indicate preferred method of communication. _____

Date: _____

Meeting date(s) are **NOT** set until you receive confirmation back from the library. Please call if you do not get a confirmation back within one week by mail or 2 days by fax.

Name of staff member accepting form: _____

Signature of confirming board member: _____

Date of confirmation: _____

Please deliver in person, by fax, mail or email to:
Meeting Room Request
Bridgeville Public Library
600 South Cannon Street
Bridgeville, Delaware 19933+
Phone: 302-337-7401
Fax: 302-337-3270
Email: Karen.johnson-kemp@lib.de.us
