

Bridgeville Public Library Meeting Room Request

Private Event

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

Event (Describe activity): _____

Date or dates of event: _____

Full Day Request (Six (6) Hours Maximum) \$200: _____

Half Day Request (Less than 4 Hours) \$100: _____

Time room is needed: _____
(include time to set up and clean up)

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

Expected attendance: _____ (Maximum capacity 100)

List any equipment requests:

The refundable \$50 deposit is payable upon approval by the Board.

Full Payment and Cancellations must be received seven days prior to the event.

I have read the Meeting Room Rental Agreement and agree to abide by the terms.
Signature is required on rental agreement.

Signature of person applying: _____

Printed name of person applying: _____

Address: _____

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.

Name of staff member accepting form: _____

Date of confirmation: _____