

Walcott Meeting Room Reservation Form

Name of Group: _____

Contact Person: _____

Address: _____

Phone No.: _____ Email: _____

Date(s) Needed: _____ Time: _____ Thru: _____

(Up to three reservations _____ Time: _____ Thru: _____

at a time, no _____ Time: _____ Thru: _____

more than 3 _____ Time: _____ Thru: _____

months in advance.)

Will the group be charged for the room? (\$25 per hour or part thereof) Yes _____ No _____

Is the TV needed? (\$5/4hrs) Yes _____ No _____

Total owed at check in: _____

Refreshments being served? (No red drinks, no alcohol) Yes _____ No _____

- The Walcott Branch Meeting Room is available outside of library hours during the times specified in the policy. I understand that if I need a building key, I will pay a \$20.00 deposit and that key must be returned to the Walcott Library in two days, and then the deposit will be returned.
- Group representative is responsible for costs to repair damages resulting from misuse
- Room cannot be used to sell goods or services
- Group representative has received a copy of the Meeting Room Policy and agrees to comply with all Library policies and guidelines

Signature of Group Representative

Date: _____

Library Staff initials: _____

Date: _____

Payment am't: _____ Rec'd by: _____ Date: _____

Deliver to the Walcott Branch or email to information@scottcountylibrary.org