

Community Room Contract

Please read the Rabun County Public Library Community Room Policy before completing this form.

Group or Individual Requesting Community Room:

Name _____

Library card number _____

Telephone number _____

Address _____

City _____

State _____ Zip Code _____

Email Address _____

Requesting date _____

Alternative date _____

Requesting time _____

Alternative time _____

Duration of community room reservation _____

I will provide a computer and power cord, if needed. (Initials) _____

Please provide another person's name who you designate that the library has permission to open the community room for, in the event you are delayed or unable to attend the event. You are still responsible for any damage to the community room and any additional cleaning will be billed to the person who signed the community room contract.

Name _____

Library card number _____

Telephone number _____

Address _____

City _____

State _____ Zip Code _____

Before a meeting space is confirmed, the person responsible must pay a non-refundable deposit equal to at least 50% of the community room fee. The balance must be paid in full prior to the event.

Please check one:

- Community or non-profit group: No fee
- Private social event: \$30.00 per hour.
- Training or educational event sponsored by a for-profit group: \$30.00 per hour.

Total cost _____

Community Room Deposit _____

Deposit paid on _____

Remaining balance _____

Remaining balance due on _____

On behalf of myself or my organization, I have read and will comply with all the guidelines and procedures outlined in the *Rabun County Public Library Community Room Policy*.

Signature _____

Date _____

Confirmation by Library Manager or Business Manager

Approval Date _____