

**BULVERDE / SPRING BRANCH LIBRARY
Meeting Room Request Form**

NAME OF ORGANIZATION _____

DATE OF MEETING _____

TIME OF MEETING _____

ESTIMATED ATTENDANCE _____

PURPOSE OF MEETING _____

CONTACT NAME _____

PHONE _____

CELL _____

CARD # _____

ADDRESS _____

Required Deposit: _____
Regular Library Hours - \$100 **DEPOSIT AMT.**
After Hours - \$200

EMAIL _____

ROOM ASSIGNED: (Circle)

Meeting Rooms: A B C ESL 1 ESL 2 ERC

AUDIO-VISUAL EQUIPMENT NEEDED

Laptop connection / Projector / Screen

DVD / VHS / CD Player

NON-PROFIT Yes / No
(Circle One)

RENT CHARGE
(see fee schedule)

The kitchen is available but limited to use of stove, microwave, sink, and refrigerator. Snacks, non-alcoholic beverages and meals may be served with prior approval. **Each organization using the kitchen is required to clean the kitchen.**

REQUEST FOR PERMISSION TO SERVE FOOD (Circle One): Yes No Kitchen Fee \$20.00

I understand that the room must be left in the standard configuration. I will be given a form that needs to be returned to the front desk and library staff personnel will inspect the room at the end of the meeting, before the deposit is returned.

I understand that for multiple meeting room dates, my deposit check will be deposited.

I understand that the library has the option of canceling or rescheduling an organization's meeting date should the meeting room(s) be needed for a library sponsored program or event.

I understand that if there is an unforeseen library closure, no event will be held.

I understand that the Library is not responsible for injuries sustained by those attending an event.

I have read and understand the Meeting Room Policy. Information submitted on this form is true to the best of my knowledge.

Signature (contact person) _____

Date _____

Check # / Cash _____

BELOW THIS LINE: LIBRARY USE ONLY

DEPOSIT AMT. \$ _____ KITCHEN USAGE FEE \$ _____ RENTAL FEE \$ _____

Taken by: _____
Staff Signature / Date

Follow up: Room clean Y / N Remarks _____ Deposit refunded _____