

Zastrow Meeting Room Agreement

ORGANIZATION _____

DATE ROOM IS TO BE USED _____ TIME _____

Allow for set up and tear down time.

NAME OF RESPONSIBLE PARTY _____

TELEPHONE NUMBER _____

EMAIL ADDRESS: _____

Please initial in the box on the left of the form to acknowledge and agree to each policy.

_____ **The Zastrow Meeting Room requires a \$25 nonrefundable fee for each day of use.** I acknowledge that I will not be able to receive a key or hold my event until I pay this fee. CCPL will receive this fee in the following form:

_____ Cash _____ Check _____ My org. is exempt (*requires staff approval*)

_____ **A \$50 deposit is required to make the reservation.** I understand the Zastrow Meeting Room policies and acknowledge that failure to respect these policies may lead to forfeiture of my deposit. After my event, CCPL will handle the deposit as marked:

_____ Donate the entire deposit to the library.

_____ Staff will mail the deposit to me. I will provide a stamped, self-addressed envelope before or at my event to mail the deposit back.

_____ Keep my deposit on file for recurring events. Checks will be honored for six months following their date of issue; cash deposits can be held indefinitely.

_____ Shred the deposit. (*valid for checks only*)

_____ I will come to the library 1-14 days following my event to pick up my deposit.

_____ Other: _____

I acknowledge that checks will be shredded and cash deposits will be treated as donations if I fail to pick up my deposit, fail to provide necessary materials to staff, or fail to give direction to staff upon check expiration.

_____ If my event is not during regular library hours, I will pick up a key 1-3 days before my event.

_____ My event is during the day, and this is not applicable.

_____ If my event is public, I will attach a short summary and allow 1-2 business days for staff to add the information to the Zastrow Meeting Room calendar.

_____ My event is private, and this is not applicable.

By signing below, I acknowledge that I have read the Zastrow Meeting Room policy and agree to the terms as listed. I acknowledge that I am responsible for any cost that may be incurred in my use of this room. I also understand that I may forfeit my deposit if I do not adhere to the Zastrow Meeting Room policy.

SIGNATURE: _____ DATE: _____

For use by Library Personnel Only

Date Application turned in: _____ Staff Initial: _____

Notes: _____

Deposit Returned: _____ Date: _____ Staff Initial: _____ Number of Attendees: _____