

ROOM RESERVATION APPLICATION

Greenfield Pubic Library 5310 W Layton Avenue Greenfield, WI 53220 www.GreenfieldLibrary.org (414) 321-9595

All applications must be approved by Library administration and a contract signed prior to final approval.

Name of Applicant:		_Name of Organization:					
Applicant Title:		CES # (For tax exempt organizations):					
Address:		_Contact Phone:					
E-mail address where do	ocuments should be sent:						
Mail address deposit refu	und should be sent:						
Dates and Times							
Today's Date:	Date of Event:	Event Start Time:					
Set-up Start Time:	Event End Time:	Take-down & Clean-up End Time:					
as follows: Monday-Thu	rsday 9:00 AM to 8:00 PM; Fi summer Sundays between N	lable during hours that the Library is open to the public, riday 9:00 AM to 5:30 PM; Saturday 9:00 AM to 3:00 PM. Iemorial Day and Labor Day. The Community Room is					
Type of Group (check o	ne):						
Government Civic	Educational	Cultural Social Service Club					
Business Commur	nity/Association Priv	rate Individual Other (please describe):					
Program: Please describ	e the event:						
Estimated Attendance:	Equi	pment Needed: (projector, laptop)					
Room Requested:		ancy limit dependent upon furniture set-up. m (Occupancy limit 20 persons).					
What if any food or bever	ages will be served?						
What if any arts and craft	s materials will be used? ildren under the age of 18 pa	rticipating?If yes, please name adult					

Room S Table and	d chair arrangen				/chair arrangem	nents.				
[We would arrangeme		·=·	et up and t	take down	(number) of chai	rs in an a	uditorium s	style
[=	=	take down It for a \$100 fee		r) of tabl	es and	(numb	er) of
	Other arrai	gements	are need	ded: (pleas	e describe):					
Importa	ant to Know:									
 Aj bi Pi Aj re Pr sp fe Aj da pr aj m Th 	pplicant must be pplication forms usiness manage ublic Library. Repplicant will be eservation is confirmated as a confirm pecifies all terms ees. It is pplicant will be not ever a pplicant must sivillated a way as to sermission of the pplicant or applicant or applicant or applicant ing. The library must be eart time. Failures a confirmated as a	must be during of servations of the direct will held responding a liability of damage and a great the library. To cant's organ of the direct was a server of	submitted pen busing p	ed with a \$ ness hours ed at least usiness day vent date, the room or ensuring at with the r releasing uipment, or the organ not to publ s sponsore y reserves n to be pre	applicant must rental along with the library from personal beloization's room in the doy the Green the right to requant and an approved by like a cancellation in	nail. Make chance. application for return a signith rental feest suests complements and all programs left in the complements of the complements and the complements all adversors of the complements all adversors managers.	orm and ned Rent s, along v with a liability n the bu ion's use ibrary wrisement properties and the sement properties are sement properties are sement properties and the sement properties are sement properties are sement properties and the sement properties are sement properties and the sement properties are	able to the deposit of all Contral with full reference of a library provided and copy provided to purior t	whether the ct that rental colicies and injuries er the ary room invance write repared by blic release	e d s, or n ten the e or
Signatu	ıre:							_Date:		
				<u>For Lil</u>	brary Use Only					
	plicant Applicant/ er 18 Organization resident or non-reside	n Rec'd	Room: Comm. Conf.	Applicant Type: (1-7)	Charges: Room: Set-up: Equipment:	Reservation: Approved Denied	Notice Sent Date:	Calendar Entry:	Post-rental Inspection: Clean & damage- free, time violations?	Deposit Returned