



# 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 documents should be sent: \_\_\_\_\_

Mail address deposit refund 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: \_\_\_\_\_

**Available Hours:** Room reservations are only available during hours that the Library is open to the public, as follows: Monday-Thursday 9:00 AM to 8:00 PM; Friday 9:00 AM to 5:30 PM; Saturday 9:00 AM to 3:00 PM; Sunday 1 PM-4:00 PM. The Library is closed on summer Sundays between Memorial Day and Labor Day.

## Type of Group (check one):

- Government     Civic     Educational     Cultural     Social Service     Club
- Business     Community/Association     Private Individual     Other (please describe): \_\_\_\_\_

Program: Please describe the event: \_\_\_\_\_

Estimated Attendance: \_\_\_\_\_ Equipment Needed: (projector, laptop) \_\_\_\_\_

- Room Requested:     Community Room (Occupancy limit dependent upon furniture set-up).  
 Large Business Conference Room (Occupancy limit 20 persons).

What if any food or beverages will be served? \_\_\_\_\_

What if any arts and crafts materials will be used? \_\_\_\_\_

Will the program have children under the age of 18 participating? \_\_\_\_\_ If yes, please name adult chaperones who will be in attendance: \_\_\_\_\_

## Room Set-up:

Table and chair arrangement: (check all that apply.)

- We will set up and take down the table/chair arrangements.
- We would like the library to set up and take down \_\_\_\_\_ (number) of chairs in an auditorium style arrangement for a \$100 fee.
- We would like the Library to set up and take down \_\_\_\_\_ (number) of tables and \_\_\_\_\_ (number) of chairs in a conference style arrangement for a \$100 fee.
- Other arrangements are needed: (please describe): \_\_\_\_\_

## Important to Know:

- Applicant must be over the age of 18.
- Application forms must be submitted with a \$50 refundable deposit (check only) in person to the business manager during open business hours, or by postal mail. Make checks payable to the Greenfield Public Library. Reservations preferred at least 2 weeks in advance.
- Applicant will be notified within 5 business days of receipt of application form and deposit whether the reservation is confirmed or not.
- Prior to a confirmed reservation's event date, applicant must return a signed Rental Contract that specifies all terms that will apply to the room rental along with rental fees, along with full rental fees.
- Applicant will be held responsible for ensuring that all event guests comply with all library policies and the terms of the applicant's contract with the library.
- Applicant must sign a liability waiver releasing the library from any and all liability for personal injuries, or damage to applicant's materials, equipment, or personal belongings left in the building after the program, or lost or damaged during the organization's room use.
- Applicant must sign an agreement not to publicize their or their organization's use of a library room in such a way as to suggest the event is sponsored by the Greenfield Public Library without advance written permission of the library. The library reserves the right to require all advertisement copy prepared by the applicant or applicant's organization to be preapproved by library management prior to public release or mailing.
- The library must be notified of any reservation cancellation no less than 48 hours prior to the reservation start time. Failure to do so will result in forfeiture of the deposit.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### For Library Use Only

Staff initials	Applicant over 18	Applicant/ Organization resident or non-resident	Deposit 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