



APPLICATION FOR ROOM USE

Manatee County Public Library System



All items in this section must be completed

Name of person/group/organization: _____

Person responsible for Room Use Policy compliance: _____

Telephone: _____ Fax: _____

Street Address: _____

E-Mail: _____

How will this meeting benefit the Library System or provide a public benefit to a segment of the community?

Requested meeting date(s): _____ Expected attendance: _____

Meeting time from: _____ to: _____ Set-up time: _____

Room requested: **Small** (up to 20 people) **Medium** (20-40 people) **Large** (Over 40 people)

Have you used a Library meeting room in the last 30 days? **Yes** **No**

Please check equipment requested (subject to availability and applicable fees)

- | | | | |
|---|---|---|--|
| Computer projector <input type="checkbox"/> | Wired microphone <input type="checkbox"/> | VCR/monitor <input type="checkbox"/> | * Amenities may include a refrigerator, an oven and a microwave. |
| Video projector <input type="checkbox"/> | Lapel microphone <input type="checkbox"/> | Rolling A/V Cart <input type="checkbox"/> | |
| Slide projector <input type="checkbox"/> | Portable mic/speaker <input type="checkbox"/> | Kitchen* access <input type="checkbox"/> | Central Library kitchen has no sink. |
| Overhead projector <input type="checkbox"/> | Phonic Ear <input type="checkbox"/> | Large coffee pot <input type="checkbox"/> | <input type="checkbox"/> |
| | | | 50 cup <input type="checkbox"/> 100 cup <input type="checkbox"/> |

- + **For meetings at the Central Library: Please encourage everyone** attending to park in the NORTH parking lot (river side of building).**
** Those requiring handicap-accessible parking and/or the handicap-accessible entrance should park in the south parking lot.
- + The person responsible for Room Use Policy compliance must check in at the Circulation Desk upon arrival and pick up an **Attendance Card**, to be filled out and returned to the desk after the meeting. This person will also check out with Circulation Desk staff at the end of the meeting to ensure proper clean-up, etc.
- + Applicant is responsible for meeting ADA requirements with regard to providing certified sign language interpreters for the hearing-impaired. Phonic Ears (assistive listening devices for the hearing impaired) are available upon request, subject to availability.
- + Meetings may be scheduled during regular Library hours only.
- + The applicant is responsible for room set up and restoration.
- + Applicants/Groups are not allowed in the facility before the normal opening time.
- + Meeting rooms must be vacated 15 minutes before the facility closes.
- + Please notify the library of any changes at least 24 hours prior to the meeting.

I have read the Library Meeting Room Policy and agree to all of its Terms and Conditions.

signature of Applicant _____

date _____

signature of Library Representative _____

date _____