

Milanof-Schock Library Meeting Room Reservation Form

Date: _____

Organization: _____

Not for Profit?: _____

Purpose & Mission: _____

Responsible Individual: _____ Title: _____

Telephone: _____ E-Mail: _____

Address: _____

Nature of Event: _____

Date of Event: _____ Starting Time: _____

Estimates Ending Time _____

Total Number of Attendees: _____ Adults: _____ Children: _____

Facilities and Equipment Desired

Select	Room or Service	Non Profit Org.	For Profit Org.	Charges
	Engle Room Large	\$35*	\$60*	
	Engle Room Med.	\$30*	\$50*	
	Engle Room Small	\$25*	\$40*	
	Grissinger Bd. Rm.	\$30*	\$50*	
	Kitchen	\$20*	\$30*	
	Overtime Fee (extra)	\$15/hr	\$30/hr	
	Cleanup Fee	\$25	\$50	
	Photocopies	\$.15/pg.	\$.15/pg.	
*For first two hours. Additional hours @ ½ base fee.			Total	
			Deposit (\$10 or 10%)	
			Balance Due	

Responsible Individual's Signature: _____

For Library Use
 Entered on Meetings Calendar () Overtime Req. () Deposit Collected ()
 Reviewed By: _____ Date: _____
 Approved: _____ Date: _____
 Comments: _____

(4/16)
Attachment 2