

## Hales Corners Library & W. Ben Hunt Center Meeting Room Use – Application Form

Meeting room policy: Visit library's website ([www.halescornerslibrary.org](http://www.halescornerslibrary.org)).

Applications: Application form and other required material must be returned to the library at least two weeks (14 days) prior to meeting date(s). Applications can be submitted up to six months in advance.

Dates, Times, Fees: Call administrative office (414-529-6150 ext. 20) Monday through Friday to check on availability of dates, time, and fees.

Confirmation: Written confirmation provided by email.

Cancellations: Room reservations are approved with the understanding that organizations maintain their commitment to the dates/times. Please check your calendar and meeting dates carefully. See policy for more information regarding refunds, 20% administrative fee. \_\_\_\_\_ (Initialed by contact person)

Organization \_\_\_\_\_ Today's date \_\_\_\_\_

Contact \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Purpose of meeting \_\_\_\_\_ Number attending \_\_\_\_\_

Room requested:     Board Room (maximum 41 people)                       Hunt Room (maximum 150 people)

Fee: Room use fee must accompany application. (Cash or check, payable to the Hales Corners Library)

cash     check     waived – Class A – Exempt

AV System: Refundable \$100 security deposit must accompany application. (Cash or check, payable to the Hales Corners Library)

cash     check     AV security deposit on file: \_\_\_\_\_  waived – Class A – Exempt

Certificate of Insurance or Liability & Release Form:     Submitted with application     on file

Publicity: All advertisements, announcements, press releases, signs, fliers, website postings or other promotional material relating to this meeting must clearly state the meeting is not sponsored by the Hales Corners Library. Copies of the aforementioned must be submitted to the Library for approval prior to distribution or release.

Submitted with application                      Date received: \_\_\_\_\_

Date & time of use: List up to 5 dates on this form; for more dates, use additional forms.

Day of the Week & Date	Set-up Start Time	Meeting Start Time	Room Vacated
1.			
2.			
3.			
4.			
5.			

Contact person: Please read the following statements carefully and sign below.

I understand and give permission to the Library to give my name and telephone number to any individual who requests information about the organization named on this form. \_\_\_\_\_ (Initialed by contact person)

My organization will be responsible for all damages to the building, furniture or equipment, and for any extra cleaning that is required. \_\_\_\_\_ (Initialed by contact person)

My organization understands that in the event a Library-sponsored meeting is scheduled at the same time as one of our meetings, I will be notified of that meeting at least two weeks prior to the date. I have the option of rescheduling the meeting.

As an authorized representative of the above organization, I hereby apply for the use of the facilities as indicated. I have read the rules governing use of the facilities and agree that they will be strictly observed. In the event our meeting is cancelled, I agree to notify the Library as far in advance as possible.

Contact person \_\_\_\_\_ Date \_\_\_\_\_

Library Director \_\_\_\_\_ Date 12/2015