

Application Form Use of Art Circle Public Library Meeting/Conference Room(s)

Day of Week: _____ Date of Meeting: _____

Start Time (include set-up): _____ End Time (include cleanup): _____

Name of Lessee Group: _____

For Profit: _____ Non-Profit: _____ Individual/Private group: _____ Fee Exempt: _____

Purpose of Meeting: _____

Responsible person: (Name) _____

Contact information (responsible person)

Phone(s) (day) _____ (evening) _____ (cell) _____ (Fax) _____

E-mail: _____ Library Card #/Photo ID: _____

Mailing Address: _____

Number expected to attend: _____

Room Arrangement: Banquet _____ Classroom _____ Auditorium/Theatre _____ Other (specify) _____

Choice of Room(s): (see capacity chart [311.3])

Cumberland Room A&B _____ Cumberland Room A _____ Cumberland Room B _____ Plateau Conference Room _____

Optional Equipment: The following are items that are available upon request (some fees may apply; some have limited availability):

___ Podium:	no charge	_____
___ Sound System w/microphone(s)	\$25.00	_____
___ MultiMedia Projector: (User's laptop, VCR/DVD)	\$10.00	_____
___ DVD/VCR & TV:	\$10.00	_____
___ DVD/VCR & MultiMedia Projector	\$20.00	_____
___ Overhead Projector:*	\$10.00	_____
___ Slide Projector:*	\$10.00	_____
___ Projection Screen:	no charge	_____
___ Piano (Cumb. Room A or A&B only)	\$25.00	_____

*limited availability

May the library include your event in library promotions? Yes _____ No _____

For Library Use Only:

Total Room Fee _____

Total Optional Fees _____

TOTAL FEES DUE _____

Art Circle Public Library of Cumberland County
 3 East Street ~ Crossville, TN 38555 ~ 931-484-6790 ~ www.artcirclelibrary.info ~ Fax #: 931-707-8956

**Art Circle Public Library
Meeting Room User Agreement Form**

Total Fees Due	Total Fees Received	Date	Receipt Number
\$	\$		

Note:

Please make check payable to the **Art Circle Public Library**. In case of user cancellation, fees will be refunded only if the Meeting Room Coordinator for the Art Circle Public Library is notified at least sixty [60] days before scheduled use.

The undersigned hereby states that he or she, on behalf of the using organization:

1. Has read and agrees to abide by the Art Circle Public Library’s Meeting Room Policy & Guidelines.
2. Has authority to sign this application for the organization named on the Application Form.
3. Agrees to release and hold harmless the Art Circle Public Library, its staff and the Library Board of Trustees, and/or Cumberland County, for any and all claims for personal injury or property damage that may arise from the use of said facility by the applicant and guests therein.
4. Agrees that the User will be responsible for any damage to the facility or damage to or loss of Library equipment.

Name of Lessee / Group: _____

Signature of Applicant _____ ID _____ Date _____

For Library Use Only:

Approved by _____ Title _____ Date _____

Not Approved by _____ Title _____ Date _____

Comments _____

Other Information _____

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