



# Community Room Reservation Form

Today's Date \_\_\_\_\_

Organization \_\_\_\_\_

Contact: Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Meeting/Reservation: \_\_\_\_\_ Time of Meeting: \_\_\_\_\_

Number attending (max is 90): \_\_\_\_\_

Describe activity planned (in detail):

\_\_\_\_\_  
\_\_\_\_\_

Refreshments that will be served: (in detail)

\_\_\_\_\_  
Serving alcohol of any type requires prior approval from the Library Board, proof of liability insurance and operator's license from the Village of Marshall.

Please check the equipment you wish to use:

Kitchen \_\_\_\_\_ Coffee Pot \_\_\_\_\_ Coffee Urn \_\_\_\_\_ Keurig \_\_\_\_\_ Laptop \_\_\_\_\_ Lectern \_\_\_\_\_

White Board/markers \_\_\_\_\_ Easel \_\_\_\_\_ Projector \_\_\_\_\_ DVD/TV \_\_\_\_\_ Other: \_\_\_\_\_

My organization/group will be responsible for the repair or replacement of any damaged or missing equipment and for any damage to the facility, including extra cleaning.

My organization agrees to meet ADA requirements and to provide accommodations for the meeting or program. The agreement to provide accommodations will be included in the publicity or notices for the meeting, with wording as suggested by the ADA guidelines.

As an agent of the above organization, I have read and I understand the Marshall Community Library Community Room policy.

Signed: \_\_\_\_\_ Dated: \_\_\_\_\_

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Security Deposit Received By: \_\_\_\_\_ (staff) on \_\_\_\_\_. Check/cash

Security Deposit Returned By: \_\_\_\_\_ (staff) on \_\_\_\_\_. Check/cash

Date returned \_\_\_\_\_ returned to: \_\_\_\_\_ In person \_\_\_\_\_ Mail \_\_\_\_\_

Security Deposit Not returned due to: \_\_\_\_\_