



### Meeting Room Application

(Times must include set up & clean up time.)

Room: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_ - \_\_\_\_\_  
*Month/ Day/ Year* *Starts* *Ends*

#### Applicant Information

Name of Organization/  
Purpose of Event: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_  
*First MI Last*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*  
\_\_\_\_\_  
*City State ZIP Code*

Telephone: \_\_\_\_\_ Alternate Contact – Name: \_\_\_\_\_

Alternate Contact – Phone #: \_\_\_\_\_

#### Equipment to Borrow

*(Ingram Room – Capacity 80. Tables & chairs included at no extra cost.)*

- DVD Player
- Easel
- Coffee Pot
- Overhead Projector
- Dry Erase Board
- Other: \_\_\_\_\_

#### Agreement

**READ AND INITIAL, PLEASE**

\_\_\_\_\_ I have read and received a copy of the **Rules for Public Use of Meeting Rooms** governing the issuance of this application and understand them. Furthermore, I, \_\_\_\_\_, agree to abide by the library regulations and assume complete responsibility for any damages and/or losses to the room.

\_\_\_\_\_ I agree to pay the \$40 deposit now in order to reserve the room and **agree to pay the \$20/hour rental fee at least a week before the event.** Payment can either be a check or money order made out to "City of Clovis" or cash.

Rental Fees: \_\_\_\_\_ Due Date: \_\_\_\_\_

\_\_\_\_\_ I agree that I, or someone I authorize, will do a walkthrough with a staff member overseeing the room and then sign the **Checklist for Meeting Rooms** prior to and after the event.

\_\_\_\_\_ I understand that I must request a refund of the \$40 deposit within 30 days of the meeting date and if I have not done so by then, the deposit will revert to the Library. In order to receive a complete refund, the **Checklist for Meeting Rooms** must be completed and all rules followed found in the **Rules for Public Use of Meeting Rooms**. The refund check will be mailed from the City of Clovis in a timely manner.

\_\_\_\_\_ I understand that I'm entitled to a refund of all rental fees if I cancel any time before the event, but if done so within 1 week (for any reason) the library will keep the \$40 deposit.

Applicant's Signature: \_\_\_\_\_ (Please make legible)

#### Library Staff Use

Date application approved: \_\_\_\_\_ Staff: \_\_\_\_\_

Deposit: \_\_\_\_\_  Paid Date: \_\_\_\_\_ Staff: \_\_\_\_\_

Fees: \_\_\_\_\_  Paid Date: \_\_\_\_\_ Staff: \_\_\_\_\_

Calendar Date deposit requested: \_\_\_\_\_ Staff: \_\_\_\_\_

#### Contact Us:

Phone/Fax: (575) 769-7840

Email: library@cityofclovis.org

## Checklist for Meeting Rooms

**Time Arrived** (if different than scheduled): \_\_\_\_\_

Equipment Borrowed: \_\_\_\_\_

Condition of Room/Notes:

**Responsible Party:** \_\_\_\_\_

**Staff Member:** \_\_\_\_\_

---

### **RENTAL ROOM EXIT CHECKLIST:**

Notes

- Equipment returned
- Tables and chairs put away
- Kitchen area left clean (including refrigerator)
- Trash taken out
- Thermostats not altered
- Carpet cleaned/vacuumed
- Bathrooms clean, no vandalism (look in each stall)
- Lights turned off
- Doors shut and locked

Comments:

**Responsible Party:** \_\_\_\_\_

**Staff Member:** \_\_\_\_\_

Send refund to name & address on ***Meeting Room Application***

Send refund to:

**Time Left** (if different than scheduled): \_\_\_\_\_