



Clovis Carver-Public Library

701 N MAIN ST
CLOVIS NM 88101

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.)

- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> DVD Player | <input type="checkbox"/> Easel | <input type="checkbox"/> Coffee Pot |
| <input type="checkbox"/> Overhead Projector | <input type="checkbox"/> Dry Erase Board | <input type="checkbox"/> 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 \$100 deposit now in order to reserve the room and **agree to pay the \$30/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 \$100 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 \$100 deposit.

Applicant's Signature: _____

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: _____

Closing 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): _____