Columbia Township Library
Community Room Use Application

Today's Date _____

Name _____   Phone Number _____

Address _____

Do you represent an organization? *(circle one)*   Y   N

If yes:

Organization Name _____

Authorized Representative _____

Organization Address _____

Meeting Date Requested _____

Nature of Meeting *(circle one)*

> *Non-Profit Community Event (education, cultural, charitable, civic, religious, political, etc.) - free*

> *Social (birthday party, baby/bridal shower, graduation party, etc.) - $25/hour*

> *For-Profit Event - $25/hour*

Meeting Time Set up will begin at _____   Clean-up will end at _____   *(Hours are 8am-10pm)*

Projected Attendance: _____ *(70 person limit)*

Number of Hours: _____   Payment Due:_____

If meeting is outside regular library hours, key pickup will be _____

I plan to use: *(circle all that apply):*   kitchenette   chairs   tables

☐   I have completely read and fully understand the policies, rules, and disclaimers pertaining to the use of the Columbia Township Library's Community Room. I agree to be responsible for complying with them, and that I am liable for the costs of any damage.

Please submit completed application form with a copy of your Driver's License/State ID to the Library Director at least two weeks prior to your requested meeting date at Columbia Township Library. The form may be emailed to columbiatwplibary@gmail.com

Signature /Date _____

For Office Use Only: Approved?   □ Yes □ No   Copy of Driver's License Attached? □ Yes □ No

Method of Payment: CHECK NO._____   CASH _____   Total Amount due: _____

Payment Received on _____

Staff Signature_____ Date _____