Lester Public Library of Rome
Community Room Reservation Form

Meeting Date(s)________________________________________________________________________

Meeting Start Time (allow for set-up) ______________ End Time (allow for clean-up) ______________

Name of Group or Organization______________________________________________________________

Contact Person (Responsible Party) ________________________________________________________

Home/Cell Phone_______________________________________________________________

Explain the Purpose of the Meeting:
_____________________________________________________________________________________
_____________________________________________________________________________________

The following equipment is available in the Community Room. Please indicate if you need to use any:

☐ Coffee Maker    ☐ Microwave     ☐ Refrigerator     ☐ Tables     ☐ Chairs
☐ Screen           ☐ Microphone    ☐ Projector        ☐ DVD/Blu-Ray Player

Expected Attendance (Capacity 88)   Adults___________ Children___________ Total___________

The undersigned, on behalf of the above named group/organization, indicates that he/she has read and agrees to abide with the guidelines and procedures outlined in the Lester Public Library of Rome Community/Meeting Room Policy. The undersigned also assumes all responsibility for any damages to library facilities and equipment and any loss or damages to personal property. All meeting rooms must be left in the same condition as found. The undersigned will report any problems to library staff immediately. Failure to abide by the rules of the meeting room policy may disqualify the group/organization from future use of the meeting rooms. No admission or registration fees may be charged for people attending the group/organization’s meeting. The Library is a No Smoking facility, and No alcohol is allowed in the building.

I have read the policy for the use of the Lester Public Library of Rome Community Room and agree to the terms and conditions described therein.

__________________________________________________________  ______________________________________
Signature of Contact Person                                                  Date
Must be 18 years or older

__________________________________________________________  ______________________________________
Staff Signature                                                              Date

Approved by the Lester Public Library of Rome Board Trustees on 05/10/19