KYLE PUBLIC LIBRARY

Burdine and Jack Johnson Community Room

Contract

*Acceptance of this form does* ***not*** *constitute a confirmation of your request.*

Name of Event: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Application: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Non-Profit (circle one) Yes No

 \**Written verification may be required.*

Type of Event (circle one) Meeting Workshop/Seminar Lecture Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*\*Social or Commercial (for-profit) events are prohibited.*

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

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City/State/Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\**Reservation Requests may not be made no sooner than five (5) weeks prior to the event*

*\*$20 per event (up to 2 hours) for each event occurring after initial event (up to 2 hours at no charge) each month, in addition to the fee associated with serving food.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Event Date(s)** | **Event Time** | **Setup Time** | **Breakdown Time** |
| **Month** | **Day** | **Year** | **AM/PM** | **to** | **AM/PM** | **AM/PM** | **to** | **AM/PM** | **AM/PM** | **to** | **AM/PM** |
|  |  |  |  |  |  |  |  |  |  |  |  |

**Food or Beverage (circle one) Yes No**

*\*\*\*No alcohol, red or purple drink is to be served*

*\*\*\*If not a catered event, a Food Waiver Form must be completed prior to the event.*

**Expected Attendance**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Room/Space Requested & Fees**:

 \_\_\_\_\_\_\_\_\_\_ $79 Fee for one side of Community Room

 \_\_\_\_\_\_\_\_\_\_ $158 Fee for both sides of Community Room

 \_\_\_\_\_\_\_\_\_\_ $ 20/hour Fee for events occurring after initial event (2 hours) each month

|  |
| --- |
| **Initial all items below** |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | I have received and read the Kyle Public Library Community Room Policy and agree to abide by the guidelines set forth in the policy (http://www.cityofkyle.com/library/reserving-meeting-room-0) |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | I understand that I am responsible for the conduct of those in attendance at my event, including maintaining an appropriate volume so as not to disturb others in the adjacent rooms or library. |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | I understand that I, or the affiliated organization, is responsible for setup, arrangement of tables and chairs, providing any audio/visual equipment and returning room to original condition. |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | I understand that I, or the affiliated organization, will be responsible for cleanup and will be liable for any damage incurred while using the Kyle Public Library facilities. |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | The Community Room Contract must be signed and completed with all deposits paid within 36 hours of booking the event or there will be no guarantee of community room availability. |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | There is a 24-hour cancellation notice required to receive a refund (minus a $5 processing fee). |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Repeated cancellation of reserved space will result in the loss of reservation privileges for one year. |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | All events and cleanup must be completed prior to 15 minutes before the library closes. |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | In case of refund, a copy of the contract and receipt for paid fees must be presented for refund minus a $5 processing fee. |

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For staff use only

Date Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Staff Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount of Payment: \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ Check (Check # \_\_\_\_\_\_\_\_\_\_) \_\_\_\_\_ Cash

Date of Payment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Reservation Confirmed Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_