

CONFERENCE ROOM USE APPLICATION

WATERFORD TOWNSHIP PUBLIC LIBRARY

5168 Civic Center Drive

Waterford, MI. 48329

248-618-7681

*** Please call the above number to check availability before submitting application ***

Date of Meeting _____ Day of Week _____
(MM/DD/YY)

Time: From _____ To _____ Meeting Start Time _____

ORGANIZATION _____

Non-profit? Yes _____ No _____

Address _____ Phone _____

Contact Person _____

Title _____

Address _____

Home Phone _____ Business Phone _____

Type of activity _____

Will you be charging a fee? _____

If yes, for what purpose? _____

EQUIPMENT REQUIRED (check all that apply)

_____ Dry marker boards with markers/erasers

_____ Easel with writing pad

_____ Screen

_____ Projector

_____ Wired Internet Access (Wireless also available)

_____ VCR

_____ DVD player

_____ Overhead projector (for use with transparencies)

Please list any equipment your organization will bring into the Library for this meeting:

Note: Use of the Library's name and telephone number on any publicity except as the location for the event is strictly prohibited.

Anticipated attendance _____

- Maximum seating capacity 12
- Non-profit groups and organizations \$10.00
- For profit organizations \$20.00

The undersigned hereby states that she/he has read the Conference Room Policy of the Waterford Township Public Library relative to use of the facilities and agrees to all arrangements, responsibilities and fees therein stated. The undersigned further states that he/she has the authority to sign this application for the above-named organization.

Signature _____ Date _____

Return the completed application to the Library Administrative office no less than 2 weeks prior to the date of use.

FAX: 248.674.1910 PHONE: 248.618.7681

Rev. May 2015 - AIM