

GREENFIELD PUBLIC LIBRARY 5310 W. Layton Avenue Greenfield, WI 53220-4011 (414) 321-9595 Fax: (414) 321-8595 www.greenfieldlibrary.org

APPLICATION FOR ROOM RESERVATION AND USE

All applications must be reviewed by Library administration prior to final approval.

Please note: Meeting rooms are available during hours that the Library is open to the public, but will be closed one half hour prior to the time the library closes, as follows: Monday-Thursday 9:00 AM to 8:00 PM; Friday 9:00 AM to 5:30 PM; Saturday 9:00 AM to 3:30 PM, Sunday between Labor Day and Memorial Day 1:00 to 4:30 PM. Closed Sundays during the summer and for holidays—please see current year's schedule. Earlier opening times and later closing times can only be allowed by prior arrangement and with written permission of the Library.

Name of Organization:	CES # (For tax exempt organizations)					
Address:	Phone:					
Name of Applicant:	Title:					
Address:	Phone:	_ Alt. Phone:				
Type of Group: (check one)						
Government Civic Cultural Educ	cational 🗌 Social Service 🛛	Club Business				
Community/Association Private Individual	Other (please describ	e):				
Please describe the program or agenda for this meeting	ng:					
Estimated Attendance:Equip	ment Needed:					
Room Requested: Community Room (Occupancy I	limit 100 persons)					
Large Business Conference Roo	m (Occupancy limit 25 persons)				
What if any food or beverages will be served?						
What if any arts and crafts materials will be used?						
Will the program have children under the age of 18 pa adult chaperones who will be in attendance:	articipating?	If yes, please name				

Table and chair arrangement: (check all that apply.)

We will set up and take down the table/chair arrangements.

We would like the Library to set up and take down _____ (number) of chairs for us in an auditorium style arrangement for a \$50.00 fee.

We would like the Library to set up and take down _____ (number) of tables and _____ (number) of chairs for us in a conference style arrangement for a \$50.00 fee.

Other arrangements are needed: (please describe) ______

Any other information we should be informed of:

Application forms must be submitted in person to the Reference Desk with a \$25.00 refundable deposit (check only) during open business hours. Make checks payable to the Greenfield Public Library. Reservations preferred at least 2 weeks in advance.

I, the undersigned, am authorized to represent the named organization applying for room use; I am over the age of 21; I have received and read a copy of the Greenfield Public Library's Room Reservation and Use Policy, accept and will comply with all terms described there to govern the use of the Library meeting room; I assume responsibility for seeing that the room is maintained and returned to the Library in a clean, orderly and undamaged state; I assume full financial liability for the Library's costs to clean up and/or repair damages to the furnishings and facility caused during the organization's room use; I understand that the Greenfield Public Library is not responsible for any personal injuries, or for materials, equipment, or personal belongings left in the building after the program, or lost or damaged during the organization's room use.

You will be notified within 5 business days of receipt of application form and \$25.00 refundable deposit whether your reservation can be confirmed or not. Please do not advertise your event until you receive final written approval.

E-mail address where confirmation/denial should be sent: ______

Mail address where written correspondence should be sent: ______

For Library Use Only

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Staff	Applicant	Deposit	Room:	Other	Approved	Notice	Calendar	Room set up	Clean &	Deposit
initials	over 21	Rec'd	Community	charges		Sent Date	Entry	arrangements	damage- free	Returned
					Denied				checklist	
			Conference							

Notes: