



C R D L  
Veterans Memorial Library  
301 South University Avenue  
Mount Pleasant, MI 48858  
Phone: 989.773.3242  
Fax: 989.772.3280

## REQUEST FOR USE OF MEETING ROOMS

Date of Request: \_\_\_\_\_

Date(s) of Event: \_\_\_\_\_

Starting Time of Event: \_\_\_\_\_ Ending Time of Event: \_\_\_\_\_ Probable Attendance: \_\_\_\_\_

Organization: \_\_\_\_\_

Purpose of Use: \_\_\_\_\_

### ROOMS:

Please choose a room. Note that because of the high demand for rooms, the library reserves the right to change your room assignment as needed.

- Whole Community Room (70 people)
- Half Community Room (35 People)
- Founders Room (8-10 people)
- Library Annex Meeting Room (200 people)
- Study Room A (4 people)
- Computer Training Center (10 stations)
- Computer Page required (circle one); Yes No

### WHAT EQUIPMENT WILL YOU NEED?

- |  |  |
|--|--|
| <input type="checkbox"/> White Board             | <input type="checkbox"/> VCR             |
| <input type="checkbox"/> Slide Projector         | <input type="checkbox"/> Television      |
| <input type="checkbox"/> Piano (Annex Room Only) | <input type="checkbox"/> DVD Player      |
| <input type="checkbox"/> Overhead Projector      | <input type="checkbox"/> LCD Projector   |
| <input type="checkbox"/> Podium                  | <input type="checkbox"/> Tablet Computer |

**- PLEASE NOTIFY STAFF WHEN DONE WITH EQUIPMENT -**

Is your organization for profit or non-profit?

- For Profit (\$20/hour fee)       Non-Profit

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

CRDL Library Card #: \_\_\_\_\_

My organization will be responsible for the repair or replacement of damage to the room, furniture, or equipment. We also agree to perform any necessary clean up. I understand that if a meeting extends beyond library hours, a fee of \$15 per half hour or any portion thereof will be charged to cover additional operating costs. The fee will be charged to all organizations, whether profit or non-profit. We will abide by the attached policy.

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