

**Attachment 1- Lancaster Public Library Meeting Room Reservation Form (7/10)**

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

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

Not for Profit?: \_\_\_\_\_

Purpose & Mission: \_\_\_\_\_

Responsible Individual: \_\_\_\_\_ Title: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Address \_\_\_\_\_

Title/Nature of Event: \_\_\_\_\_

Date of Event: \_\_\_\_\_ Starting Time: \_\_\_\_\_ Est. Ending Time \_\_\_\_\_

Total Number of Attendees\*: \_\_\_\_\_ Adults: \_\_\_\_\_ Children: \_\_\_\_\_

Facilities and Equipment Desired

Select	Room or Service	Non Profit Org.	For Profit Org.	Charges
	Windolph Room	\$25**	\$50*	
	Bates Auditorium	\$50**	\$75*	
	Clark Family Room	\$25**	\$50*	
	Computer Training Room	\$100**	\$100**	
	Heritage Room (MVL)	\$25**	\$50**	
	Cleanup Fee	\$50	\$50	
* For groups of twenty or more people, evidence of liability insurance in excess of \$100,000 or a surety bond to indemnify the Library in case of damages or other liabilities is required. **For first two hours. Additional hours (or part) @ 1/2 base fee.			<b>Total</b>	
			<b>Deposit (\$10 or 10%)</b>	
			<b>Balance Due</b>	

Responsible Individual's Signature & Title: \_\_\_\_\_

**For Library Use**

Entered on Meetings Calendar ( ) Overtime Req. ( ) Deposit Collected ( )

Reviewed By: \_\_\_\_\_ Date: \_\_\_\_\_

Approved: \_\_\_\_\_ Date: \_\_\_\_\_

Comments:

**Attachment 2-Lancaster Public Library Meeting Room Fee Waiver Request (7/10)**

**Date:** \_\_\_\_\_

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

**Not for Profit?:** \_\_\_\_\_

**Responsible Individual:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **E-Mail:** \_\_\_\_\_

**Address** \_\_\_\_\_

**Title/Nature of Event:** \_\_\_\_\_

**Date of Event:** \_\_\_\_\_ **Starting Time:** \_\_\_\_\_ **Est. Ending Time** \_\_\_\_\_

**Total Number of Attendees:** \_\_\_\_\_

**Do Attendees Pay to Attend?:** \_\_\_\_\_

**I request waiver or reduction of the Library meeting room fee(s) because:**

**I believe the event will be beneficial to the community and/or the Library because:**

**Responsible Individual's Signature & Title:**

\_\_\_\_\_

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**For Library Use**

**Action:**

**Approved:** (    )                      **Disapproved** (    )

**Date:** \_\_\_\_\_

**Date Requestor Contacted:** \_\_\_\_\_

**Reason/Comments:**

**Library Executive Director Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_