



Meeting Room Application

PLEASE COMPLETE AND RETURN BOTH SIDES OF THIS APPLICATION

I. CONTACT INFORMATION

Organization: _____

Representative's Name: _____ Date: _____

Address: _____ City: _____ Zip: _____

Phone: _____ E-mail: _____

Contact Preference: ☐ PHONE ☐ EMAIL Library Card Number: _____

II. MEETING INFORMATION

Date of Meeting: _____ Select One: ☐ 2nd Floor Meeting Room ☐ Bumphrey Meeting Room

Purpose of meeting: _____

Expected attendance: _____ From (include set up): _____ To (include clean up): _____

*Set up cannot begin before the library opens. Meeting rooms must be vacated at least fifteen (15) minutes before the library closes.
Selected room may be switched, at the library's discretion, based on expected attendance.*

III. STATEMENT OF UNDERSTANDING

I have read the complete Meeting Room Policy. I understand that meeting rooms may be used by non-profit community groups devoted to educational, civic, welfare, or cultural activities or by local for-profit businesses for meetings and training, but not as a place of business and no goods or services may be sold. I understand that my group may not solicit funds, charge admission, or take up a collection and that admission to this meeting cannot be restricted in any way. The meeting must be open to any member of the public who cares to attend.

I understand that all decisions on the use of the meeting room are at the discretion of the Library Director, subject to review by the Kent Free Library Board of Trustees. I assume responsibility for my group's conforming to Kent Free Library's rules and regulations, for fees incurred, and for any and all damages to the Library's property by members of the group. I understand that the Library has no obligation or responsibility for damage, loss or disappearance of property, or injury to persons for any reason in connection with the use of the premises.

Signature: _____ Date: _____

FOR STAFF USE ONLY

Today's Date: _____ Requested Date: _____

Available: ☐ YES ☐ NO

Meeting Room Calendar Updated: ☐ YES ☐ NO

Staff Initials: _____

Notes:

2nd Floor Meeting Room Only - Please mark items needed for this meeting (Optional):

- | | |
|--|--|
| <input type="checkbox"/> Library to set up and take down tables & chairs (\$20.00) | <input type="checkbox"/> Kitchenette (\$10.00) |
| <input type="checkbox"/> Multimedia Projector | <input type="checkbox"/> Freestanding lectern |
| <input type="checkbox"/> Whiteboard | |
| <input type="checkbox"/> Microphone | Bumphrey Room Only: |
| <input type="checkbox"/> Hand Held | <input type="checkbox"/> Multimedia Projector |
| <input type="checkbox"/> Lavalier | |

IMPORTANT NOTE: If paying for the library to set up the 2nd Floor Meeting Room, draw an arrangement for the chairs and tables here.

