



## Marguerite deAngeli Branch

921 W. Nepessing St. Lapeer, MI 48446

810-664-6971 Fax: 810-664-5581

Monday-Thursday: 9 am - 8 pm Friday-Saturday: 9 am - 5 pm

Sunday: 1 pm - 5 pm (closed during summer)

### Meeting Room Policy and Request Form

- The meeting room may be reserved by non-profit groups only.
- The room is only available during library hours and must be returned to original condition and vacated at least fifteen minutes before the library closes. No extra time outside of library hours will be given for set-up or tear-down.
- Library programming has precedence over public usage. We reserve the right to cancel outside group usage with one week's notice.
- Please check with library staff regarding room availability before turning in this form.
- We must have contact information for your group.
- Do NOT print or publish the library's telephone number on your publicity.
- Selling or promoting of products/services is prohibited without prior written consent from the director or a department head.
- Monthly reservations may be set through the end of the calendar year. Check with library staff regarding other room usage requests.
- You are welcome to serve food. However, we provide no kitchen, utensils, or facilities cleanup. Smoking and alcoholic beverages are prohibited on library property.
- Your participants must use street parking (Washington Street, Louis Cramton Street, W. Nepessing), as we must reserve parking lot usage for library patrons.
- Chairs and tables are available upon request but you are responsible for set up. No audiovisual equipment will be provided. The meeting room's pull down screen may be used.
- Damages are the responsibility of the group.
- Maximum Room Occupancy is 45.

Last update: 12/14/2018

Today's date: \_\_\_\_\_ Reservation date: \_\_\_\_\_

Time: \_\_\_\_\_ To \_\_\_\_\_

Circle one: One Time Reservation    Monthly Reservation

Program Name: \_\_\_\_\_

Brief Program Description: \_\_\_\_\_  
\_\_\_\_\_

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

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

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

Phone: \_\_\_\_\_

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

Event open to the Public:    Yes    No

I have read the Marguerite deAngeli Meeting Room policy and agree to abide by its terms. I confirm that the group information above is correct.

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

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

Return this completed form to us **NO LESS THAN ONE WEEK** prior to your meeting.

Please be sure to give the number of people in attendance to the staff member at the service center before you leave.

#### Staff Use Only:

Event on the meeting room calendar?    Yes    No

Staff Initials: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_

# in Attendance: \_\_\_\_\_ Staff Initials: \_\_\_\_\_